James T. Shotwell---EUROPE'S GREAT CHARTER---Cornelia S. Parker

THE SURVEY

GRAPHIC NUMBER

HEARTS

Heart disease kills more people in the United States than any other single cause. One out of every fifty of us lives a cramped life because of it. In this number Dr. Haven Emerson and others tell how heart disease can be prevented, controlled, cured— the newest chapter in the stirring story of the conquest of disease.

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GENERAL ELECTRIC

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How to Prevent Diseases of the Heart, Bloodvessels and Kidneys

TRACES of albumin, high blood pressure, and sometimes low blood pressure, and slight thickening of arteries, are signals that suggest the importance of taking preventive measures against the degenerative class of diseases which are now so heavily on the increase and which are responsible for the increasing mortality in the United States at middle life and later.

Thickening of the arteries is very common in middle life and old age, but, strictly speaking, is not normal at any age. The examinations of the Institute show that in a remarkably large percentage of cases, thickening of the arteries is present in very young people. As this process is a very slow one, it sometimes does not cause trouble until middle life is reached, but there is always a danger that such conditions will progress and impair the efficiency of the individual and lessen his resistance to disease.

The presence of a very slight thickening of the arteries is not any occasion for alarm, but simply a warning that there is greater need of observing the rules of personal hygiene. There is a mistaken impression that high blood pressure always accompanies thickening of arteries. That is not so. Decided thickening is often found with normal blood pressure, yet high blood pressure is often a cause of thickening.

The blood pressure varies between rather wide limits among healthy people, depending on their nervous condition. A blood pressure that is persistently 15 mm. above the normal average for the age, or shows a tendency to greatly increase under slight provocation, should be kept under observation, and the individual's mode of life so ordered with regard to diet, exercise, sleep, work, etc., that his circulation may be safeguarded and a normal poise attained and maintained.

In answer to the question, "How shall I live in order to avoid these organic maladies?" we may say: Temperance all along the line—in eating drinking, working, playing and even in resting. It is possible to "rust out" on the one hand, or to "wear out" on the other.

But what is temperance for one man may be excess for another. Hence the most important step, in protecting against degenerative maladies, is to have a thorough physical examination at regular intervals—at least once a year—so that life may be regulated according to one's physical equipment.

Many of the chronic degenerative diseases of adult life are due to persistent insidious infection by various forms of bacteria. These bacteria find lodgment in diseased gums and tooth sockets, nasal cavities, tonsils and other localities favorable for the development of germ life. From these localities they move out into the circulation and into the tissues, like submarines from a base of supply, attack various organs, and often cause troubles in the heart, kidneys, blood vessels, stomach, gall bladder, appendix and joints. Sluggish, dammed-up bowels are also often a source of chronic infection and poisoning that gives rise to circulatory and kidney affections.

The remedies are, after all, simple; namely, periodic examination, to determine the physical condition, and any possible source of infection; removal of infection; and then regulation of living habits, so that the individual may, so far as possible, be adjusted to his life work, or his life work adjusted to his physical capacities.

A yearly visit to the Life Extension Institute for a thorough physical examination may save you much suffering and financial loss. If it is worth while to spend so much trying to cure disease, is it not worth while to spend a trifle to prevent it?

Over 300,000 men and women have already taken the Health Services of the Institute—more than 250 concerns have extended the service to their executives and employees. Forty life insurance companies offer a service of the Institute to over two million policyholders.

The Health Services of the Institute include a thorough examination of the whole body; extensive detailed reports; suggestions as to needed medical treatment; instructions in all phases of correct personal hygiene, including diet, exercise, work, rest, play and the proper care of the mind and the body.

The Institute renders no treatment, performs no operations, but makes a scientific survey of your life and body and submits a report which, if some form of medical attention is needed, assists your physician in making the final diagnosis and applying the necessary treatment for the correction of your physical defects. Get yourself examined every year either by your family physician or by the Institute.

The Institute has more than 8,000 Medical Examiners throughout the United States and Canada and in a number of the principal cities of Europe and the Far East. There are separate departments for women and children at the Head Office with both men and women examining physicians in attendance.

All the reports and records with reference to these examinations are matters of the strictest confidence between the Institute and the individual examined and are not in any way accessible to any other individual, to any insurance company or other organization.

Write, telephone or visit the Institute for further information about its different services and for free booklets on the prevention of disease and the prolongation of human life.

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Social Studies

CONDUCTED BY JOSEPH K. HART

On the Way to Health

SOMETIMES we get the feeling that the world is not on the down-grade, after all, but on the up; on the way not to destruction, but to health. This is one of those times. Here wise physicians tell us that, just as tuberculosis has, in the last quarter century, been brought under almost complete social control, so may heart disease be brought under intelligent control in the not distant future; at least, in the cases of all individuals who have the mind and the courage to face the issues in the problem. Science may not be the ultimate hope of civilization, but it is certainly one of the intermediate hopes, the instrument by means of which whatever hopes we may have will be largely realized. Proofs of this are written on many pages of this issue of The Survey.

But what is the value of individual health, or physical health, in a world in which social and national health is at a discount? Why worry about heart disease, when the souls of men are sick and weary of the world? Happily, we are able to place around this picture of radiant hope for larger individual and physical health a framework of actual accomplishment in the fields of social, national and international recovery and progress. Here are hints, at least, of the larger wisdom that is coming into education and industry. And here are recorded what may well turn out to be epoch-making accomplishments in the field of international health. "Movement is life," says a recent wise book; "the attempt to oppose this, to change movement into a fixed state, causes the fixation which is characteristic of death. It is then easy to understand why the attempt to imprison human life in what are known as States (the name is literally and metaphorically exact) produces not life but death: this is the initial error of thought which disintegrated the Empires of the past." The conquest of disease is one of the great "victories of peace"; no less so is that ultimate conquest of war which may be definitely forecast in the protocol of the League of Nations, signed lately in Geneva, by forty-seven of the nations of the earth. For once, at any rate, ignoring the things that are behind, we have reason to look forward to the achievement of what may turn out to be the world's Day of Health.

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THE SURVEY

Graphic Number

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The Gist of It

HEART disease—most destructive of the more important causes of death, and least understood by most of us—is the subject of a group of articles in this number by physicians and laymen. They are united in the conviction that heart disease is preventable and curable; that its prevention and cure make up one of the biggest jobs now before health workers; that the public can learn to reduce mortality from this cause as it has learned to deal with the white plague and is gradually learning to deal with cancer.

HOW heart diseases are caused; to what extent they might be called communicable; and what, in broad terms, we can do about them Dr. Emerson tells in the leading article (p. 113). We might introduce Dr. Emerson every month with a different handle; this time it is enough to say that The Survey's health editor is president of the New York Heart Association and—though he doesn't mention the fact—one of the little group of devoted students of these diseases who launched the new crusade against them in 1915.

HEART disease may rob workers of decades of wage-earning power. That creates all sorts of vocational problems which those who work with cardiacs are facing. How—Hannah Mitchell, newspaper and magazine writer of a wide range of interests, tells on p. 123.

LEWIS HINE'S work portraits are hung on the memory of many Survey readers—perhaps on their walls too. In the middle ground where the job and the handicap of a disordered heart meet, Mr. Hine has done some profitable exploring. Some of the fruits of it appear on pages 119, 126, 136. In finding his subjects he had the help of the Cardiac Clinic, Bellevue Hospital, the Children's Cardiac Clinic of St. Luke's Hospital, the Cardiac Training School, the Bureau for the Handicapped, and the Institute for Crippled and Disabled Men, all of New York.

HOUSEWORK is hard labor, and the cardiac housewife with small children and none too much money to feed and clothe them is harder to help than a truckman or coal miner. She just can't get away from the job. Elizabeth Porter Wyckoff tells what happens in such a case (p. 129). Mrs. Wyckoff is chairman of the committee on education of the New York Heart Association, and uses in that work her long experience in magazine editing and writing.

YOU'VE got to catch them young, if you want to prevent the most readily preventable of the heart diseases. It's the "growing pains" and other infections of childhood that sap the strength of the grown-up in more cases than most of us dream of. Samuel McCoy, lately of the New York World, shares with Survey readers the striking lessons he learned when he looked for us into heart disease among children and what is being done for it (p. 131).

CHILDREN, housewives, wage-earners, old folks—what can your town do about the one in fifty who has a damaged heart? Dr. Robey sketches, point by point, a working program for the community that wants to tackle this newly-recognized job and do it well (p. 138). He is assistant professor of medicine at Harvard, visiting physician to the Boston City Hospital, vice-president of the Boston Association for the Prevention and Relief of Heart Disease, and author of a book on Causes of Heart Failure.

PREVENTION is an old story in public health. It's a growing factor in social work. It's the next thing ahead in international relations. The prevention of war is the biggest problem of the nations today. The League of Nations has taken a long step. Mrs. Parker, at Geneva as The Survey's representative, saw the step taken and shared in the excitement of the event. She tells her story of it on p. 141, with the same deftness of touch which marked her story of Carlton Parker—An American Idyl.

THRILLING as it may have been, the action of the League was also hard-headed. Months of strenuous thought and negotiation lay behind it. Professor Shotwell, historian, teacher, unofficial diplomat, shared heavily in those tasks. He interprets the protocol on p. 145. Readers who wish to refresh their memory as to the earlier stages of the "American plan" may turn back to Survey Graphic for August 1924 to Professor Shotwell's article on p. 483.

IS it a service to the child to find him a niche in industry—given industry as it is today—or not? Ethel Kawin asks the question on p. 148, because she plugged away for years at the task, with growing doubts, as assistant director of the Chicago Vocational Bureau.

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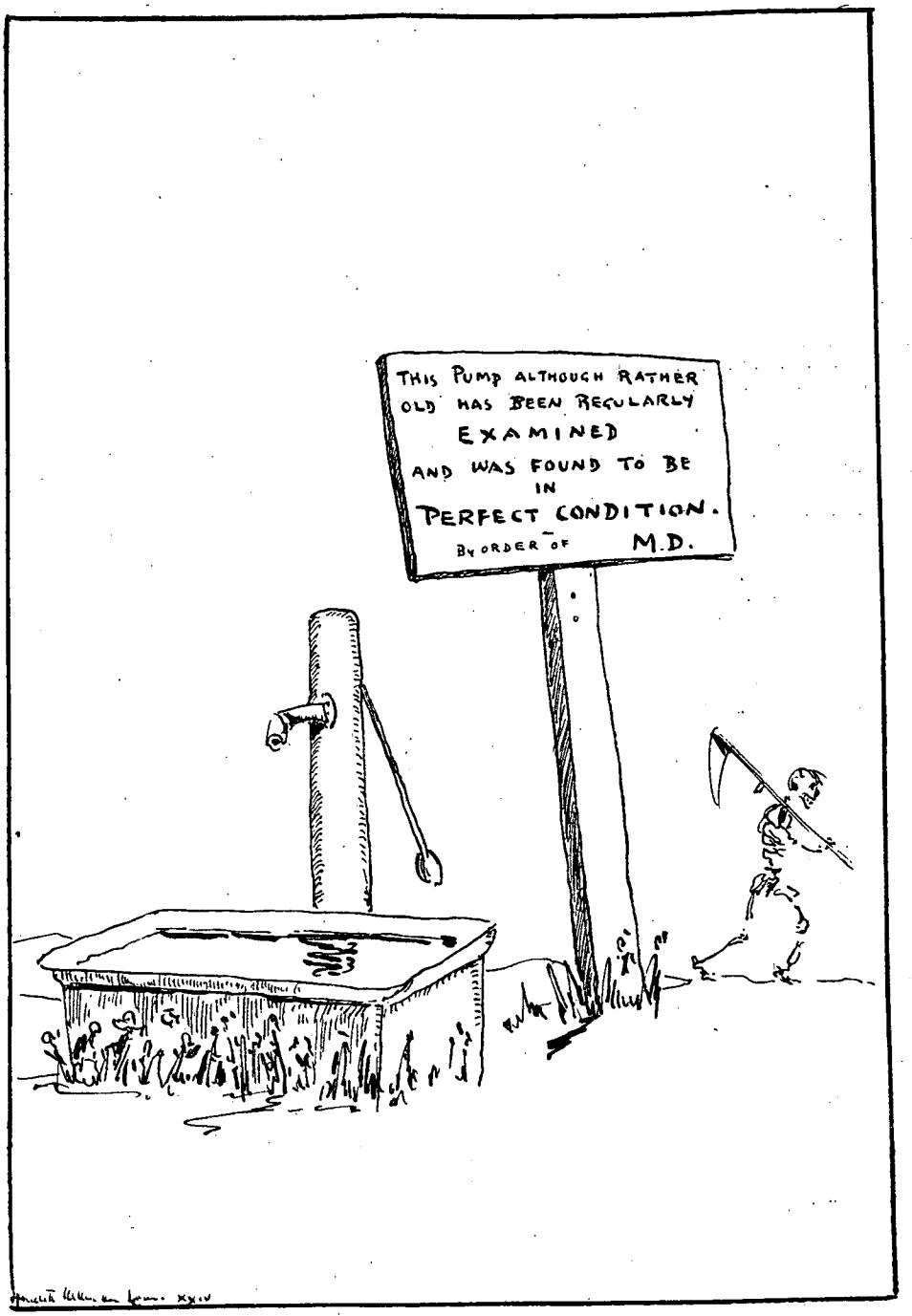

Drawn by Hendrik Willem Van Loon

HEARTS ARE PUMPS!

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THE SURVEY

GRAPHIC NUMBER

NOVEMBER 1, 1924

Volume LIII
No. 3

Heart Disease

Communicable? Curable? Preventable?

By HAVEN EMERSON, M.D.

NO impersonal problem, this, of sanitary engineering, health administration, remote industrial readjustments. It is the thumping of your own heart against your own ribs which is knocking its way into notice. Once the three questions at the head of this page are answered, you, reader, will need no urge from without to tackle the job that heart disease presents.

Sickness—inability to work—poverty; poverty—deprivation—sickness: This is the vicious circle which threatens to close in on every self-supporting household in the land. It matters little at which point one starts the dreary round. Has sickness stopped the family income? Is the income too scanty to afford a safe margin for food, rest and recreation? Has the lack of these essentials worn down resistance and opened the door to sickness?

Those who would conquer misery, save families from disintegration, and save society from the burden which follows disaster to the family, must search out every weak link in this ring of trouble.

A generation ago it was tuberculosis which led all causes of death, sickness, poverty; which claimed the breadwinner in the years when his support was most necessary; which took the mother of the family and left young children to the mercy of circumstances and relatives; which bent the bones of these children or started in childhood an infection that flared up later under the strain of the teens and the twenties to kill by "galloping consumption" or "lung fever."

Few were the prophets then to speak out boldly their belief that tuberculosis was truly curable, and that, by cutting its lines of communication, it could be prevented and its tragedies avoided. But out of the faith of those few, struggling to meet the needs of the handicapped and the unemployed, grew that first Committee on Prevention of Tuberculosis of the Charity Organization Society of New York. The movement spread throughout the country. Societies, cities, states, the nation itself, united to break the circle of misery at this point which proved vulnerable. Tuberculosis has fallen from first to sixth in the list of causes of death; conservative physicians promise that within fifty years it will cease to be a serious factor in mortality.

A great part of the bondage of sickness has been eased. Since our Civil War almost twenty years have been added to the measure of life we may reasonably promise to our children. An incalculable tax on the wealth and happiness of all of us has been abolished. But still hundreds of thousands of men, women and children are shackled by unnecessary illness, disability, poverty. Each year in the United States more than half a million people die of preventable or postponable diseases. We seek a new freedom, the so-called modern public health, which has no narrow aim of particular advantage to one organ or function of the body. We measure our success by the release of free and joyous lives and we grapple with this chain of misery where it binds hardest. Where next can it be broken through?

Heart disease is now the greatest single cause of death in these United States. It reduces the life span of its victims by *one-half*.

Tuberculosis has been pushed from its place as arch-executioner. In its place, in most parts of the country, is heart disease, now the chief cause of death in these United States. Fortunately heart disease is often curable. It is preventable. But the effort to cope with it must run the gamut of the seven ages—from childhood when it is to be prevented, through the middle years when it may be arrested and cured, to old age when its disabilities may be alleviated. We are on the threshold of an onslaught upon it which promises rewards as rich and startling as those of which the tuberculosis campaigners dreamed daringly twenty years ago.

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Heart disease in a recognizable form interferes with the work, play or comfort of at least 2,000,000 people in this country today.

At least fifteen of every thousand school children have already acquired some definite disorder of the heart. At least thirty of every thousand men and women of working age must reckon with heart disease as a disability in work or a handicap in their pleasures.

Ten per cent of the total bed capacity of our general hospitals is used year in and year out for the care of patients with heart disease.

Twenty-five per cent of all visits to our city dispensaries are made by heart patients.

Of all serious and ultimately fatal diseases those of the heart are of the longest duration, and with the possible exception of certain diseases of the mind, they cause the most persistent chronic handicap to self-support.

During the past fifty years deaths in New York from heart disease have increased 42 per cent in number while deaths from tuberculosis have fallen 44 per cent. In persons under twenty-five there are more deaths from heart disease than from typhoid fever. Between twenty-five and thirty-four, heart disease kills more men and women than does pneumonia. Nine-tenths of the deaths from heart disease are in persons over forty years of age, and for these later decades no other cause of death compares with it in frequency.

To prevent smallpox, vaccinate. To prevent typhoid, purify the milk and water supply. To prevent heart disease—that is not so simple. One must guard against infections of childhood and youth that may not bare their consequences for many years. One must live soundly. And one should be examined periodically for signs of disorder imperceptible to the layman. As for cure: that rests chiefly on competent diagnosis—plus character. Not what the health officer does for us, but what we do for ourselves, will check this mounting peril.

To gage these sinister enemies of the public health you have only to trace the line which shows the downward course of tuberculosis in New York for the past half century and in the Registration Area for the past twenty years, and contrast it with the trend of heart disease and cancer, rising as the proportion of the population increases who reach those later stretches of life in which these diseases play their major roles.

The ledger in which the Registration Area records its bookkeeping with death is plainly set forth for anyone with a head for simple arithmetic.

DEATHS IN THE UNITED STATES REGISTRATION AREA DURING 1922

	At All Ages		At 40 Years of Age and Over	
	Number	Percentage of All Causes	Number	Percentage of All Causes
All deaths	1,047,402	100.00	628,947	100.00
Heart diseases	134,184	12.8	120,965	19.2
Kidney diseases	78,412	7.5	69,698	11.1
Cancer	78,355	7.5	72,411	11.5
Cerebral hemorrhage and apoplexy	76,538	7.3	74,112	11.8
Pulmonary tuberculosis	75,905	7.2	29,112	4.6
Lobar pneumonia	45,171	4.3	26,153	4.2

Comparing the deaths at forty years and over with the deaths at all ages (Registration Area, 1922), we find that **90.1 per cent** of all deaths from heart diseases occurred in that age group. The corresponding figures for the other causes of death are as follows:

All causes	60.0	Cerebral hemorrhage and apoplexy	96.8
Kidney diseases	88.9	Pulmonary tuberculosis	38.4
Cancer	92.4	Lobar pneumonia	57.9

For every death from heart disease during a year there are seventeen patients still alive suffering from it, whereas the comparable ratio in tuberculosis is about seven cases for each death. In any community the number of persons who need expert medical guidance because of actual or threatened heart disease and its complications now outruns the number with recognizable tuberculosis infection.

These heart patients commonly appear out of a teeming population full fledged in disease. Disappearing as suddenly as they come, when for the moment relieved in ward or clinic, they soon come back. After a few recalls, however, they seldom return; they are listed among the permanent sacrifices, while we go on, little wiser, to the next.

Where do the multitudes of heart cripples come from? What work can they do? How long can they work? What years or months—or barely weeks—can they survive at home, in hospitals, or as chronic invalids? Call in the doctors! Can they tell us the whole story of heart diseases? No! Not singly or as a group, for the matter has hardly gone beyond the realms of pathology and clinical medicine. Heart patients have oftenest been briefly interesting but discouraging persons, with murmurs to entertain the curious ear and an endless series of progressing disabilities to prove our resources hardly more than futile.

But with the pressure for relief from clinic and social agency, and despite the pretty comprehensive ignorance of the task ahead, there came to be in 1915 a recognized problem of heart disease, and with it a gathering of inquiring spirits, a little start in assembling facts, a spur to study. Suddenly we found ourselves asking for heart disease those three critical questions which our predecessors of 1900 asked—and so gallantly answered—for tuberculosis: *Is it preventable, communicable, curable?*

And already, after hardly more than a preliminary scouting, the challenging answers come back:

The commonest causes of heart disease, rheumatism and syphilis, are properly considered communicable.

Many heart diseases are entirely preventable.

Some are wholly curable.

How then to tell the story of these diseases of the heart, their causes and peculiarities, so plainly that we can enlist the easy understanding and eager help of housewives and wage-earners, children and elders, of all of us over whom the shadow of unnecessary disease is cast by our own ignorance and our indifference to prevention. Heart diseases will fall before determination built upon facts, just as tuberculosis did. And why should there be more merit in saving life from the tubercle bacillus than in salvaging

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childhood from the virus of rheumatism, or the hearts of grown-ups from the errors of their own manner of life?

To begin with, the common infections of the heart and late results of rheumatic fever upon the heart were known to physicians in Greece and Rome many centuries before the observant William Harvey first proved, in 1628, the true functions and uses of the heart as the indispensable pump of the circulation. The four main causes of heart diseases are the general infections, chiefly rheumatic fever and syphilis; poisonings by alcohol, tea, coffee and tobacco; poor bodily habits, physical indolence, obesity, occasional extreme exertion without sufficient training; and congenital defects, those errors of development in the prenatal months of the infant which leave the heart imperfect at birth.

Last year organic heart disease killed nearly three times as many people in New York City as did tuberculosis; more than twice as many as cancer; more than half again as many as pneumonia. Moreover it usually kills by inches. A death from heart disease has typically back of it a story of infection in childhood or early adult life, of loss of working power in the most productive years, of a decade or more of slowly waning strength, leading to invalidism, dependency and finally to death.

Of all heart diseases which come under systematic hospital or out-patient care either in public or private practice, from 70 to 95 per cent are due to general infections. That total is made up of 50 to 60 per cent from rheumatic infections, 15 to 20 per cent syphilitic, and 5 to 15 per cent from focal infections, such as those of teeth, sinuses, and the like, or following acute general infections such as scarlet fever, pneumonia, typhoid fever, influenza or diphtheria. It will be seen that in this first and largest group of heart diseases due to infections, we are dealing with a multitude of primary causes, all of which are definitely preventable by applying our present knowledge of the cause and manner of transmission of bacterial infection. By these infections—the cause of what are known as the organic diseases of the heart—the structure of the valves, the muscle wall or the covering membrane of the heart is so damaged as to impair the effective working of this ceaselessly intermitting pump and reservoir.

Up to the age of twenty rheumatism is a more frequent cause of heart disease than all other causes combined and it is only in the past decade that the relationship of acute tonsilitis, chorea (St. Vitus' dance), acute rheumatic fever and acute infections of the heart without rheumatic disease of the joints has been made sufficiently clear to convince physicians that we are dealing with one and the same infection expressing itself in widely separated tissues of the body.

IT has only recently begun to dawn upon practitioners of medicine and research students in the field of heart disease and its prevention that there is quite as much evidence for the communicability (probably direct) of what we must still call the unknown virus of rheumatism in the family or household as there has been for the same kind of distribution of the tubercle bacillus. We do not know the actual bacterial or other organism responsible for acute rheumatic fever, but that need not hold us back from studies of its natural history.

If all members of the households in which an open case of pulmonary tuberculosis has been found are carefully examined, not less than 18 per cent of them, young and old, will show evidence of tuberculosis in an active or subacute stage.. This common experience is to our minds easily explained because we can see, trace and demonstrate the causative organism, the tubercle bacillus, in the sputum of the open case, usually, in the dust of his bedroom, and in the diseased tissues of the persons who have been in close association with him in the home.

If we repeat such a study in the families from which acute cases of rheumatic heart disease have been admitted to hospital care or to dispensary supervision, we shall find that here again 15 per cent of the "contacts," those in the intimate circle of the families, will commonly give a definite story or show physical evidence of attacks of acute rheumatic fever or of tonsilitis or of chorea with or without accompanying affections of the heart. True, this is only circumstantial evidence, and until some way is found of identifying with exactness the specific organism of rheumatic fever and its many secondary injuries to heart and other tissues, we cannot speak with the same positiveness that we do of the communicability of tuberculosis. However, enough is known to justify us in thinking of and dealing with the group of illnesses which we class as "acute rheumatic" as if we were dealing with an acute communicable infection. This calls for the simple and well established precautions of so-called medical asceptic technique of the sick room.

No longer will it be good form to make a social center and family gathering place of the bedroom of acute rheumatism. This includes Tommy with his "growing pains" at five and Sally with "St. Vitus Dance" at seven and "dad" with sore throat, as well as Uncle Ned who has a rip-roaring inflammatory rheumatism every couple of years and was told after the last attack that he must have his tonsils out and favor his heart a bit because the rheumatism had touched one of the valves before it left him weak and anemic.

Yes! even though we know that one person cannot transmit to another the damaged heart valve or the diseased muscle wall, the common cause of rheumatic heart and joints can, we believe, be passed from the sick to the well in very much the same way that an acute sore throat may go the rounds of a family.

Cleaner mouths, fewer diseased tonsils, fewer neglected decayed teeth, earlier recognition of sore throats, and quick care in their treatment as serious infections, the considered and skilled attention to the little child with aching muscles and joints—"too young to have rheumatism," kept up and about with "growing pains"—repeated examination of the heart after attacks of any acute infectious fever in childhood, always separation of the sick from the well; by such means will the number of acute rheumatic hearts be reduced.

As to the second factor of prime importance in infectious damage of the heart and great blood vessels, syphilis is so well known and so thoroughly recognized as communicable, and the common means of distribution of the diseases are

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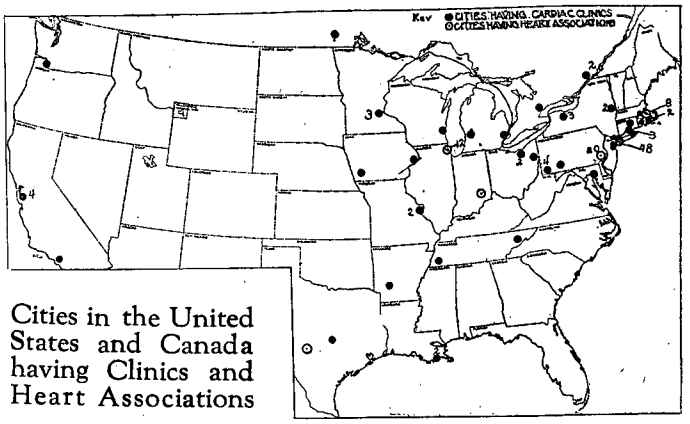
The Honor Roll of Cardiac Clinics

	CLINICS
Arkansas	
Hot Springs	1
California	
Los Angeles	1
San Francisco	4
Canada	
Montreal	2
Toronto	1
Winnipeg	1
Connecticut	
Hartford	1
New Haven	3
Illinois	
*Chicago	12
Indiana	
*Indianapolis	1
Iowa	
Davenport	1
Des Moines	1
Louisiana	
New Orleans	2
Maryland	
Baltimore	1
Massachusetts	
*Boston	8
Fall River	2
New Bedford	1
Michigan	
Detroit	1
Grand Rapids	1
Minnesota	
Minneapolis	3
Missouri	
St. Louis	2
New Jersey	
Montclair	1
Newark	1
New York	
Albany	2
New Rochelle	1
*New York	48
Rochester	3
Yonkers	1
Ohio	
Cleveland	2
Youngstown	1
Oregon	
Portland	1
Pennsylvania	
Johnstown	1
*Philadelphia	20
Pittsburgh	4
Rhode Island	
Providence	1
Tennessee	
Knoxville	1
Memphis	1
Texas	
Dallas	1
*San Antonio	1
Wisconsin	
Milwaukee	1
Total	142

* These are cities in which associations for the prevention and relief of heart disease have been formed.



Cities in the United States and Canada having Clinics and Heart Associations

nowadays so widely and intelligently taught, that we need only to refer to the steadily encouraging evidence of control and reduction of this Great Pox to remind our readers of the part social hygiene will play in reducing heart diseases.

Few realize yet how long the years often are between the time of original syphilitic infection and the presence of the aneurysms, the diseased heart muscle, the degenerated arterial walls, which constitute the heart diseases of this source, one of the commonest of the late or tertiary manifestations of this wide spread venereal disease. Unfortunate as it is that among rheumatic heart patients more than five years usually elapse between the date of infection and the first recognition of heart damage, the facts are truly astonishing where syphilis is the primary factor. On the average it is more than seventeen years after the primary syphilitic infection before the patient is aware of cardiac involvement. Often a severe uncontrollable damage has been done before the sufferer asks for a medical diagnosis or relief. What better reason for adopting the practice of a yearly health service examination?

In heart diseases as in practically every other preventable or curable disorder, success in treatment and, in large measure, in prevention depends upon the earliness of correct diagnosis—often while the patient is still quite unaware of evidences of disorder and incapable of detecting it unaided. There are stages of both the rheumatic and the syphilitic heart when healing without serious permanent damage can be secured, but it is as common now to see in the heart classes neglected and incurable invalids as it was twenty years ago to see that fast disappearing clinical curiosity, an advanced or third stage case of consumption in the tuberculosis clinics.

The rheumatic heart patients are developed in childhood and new cases reach their maximum in early maturity; it is not until the age of forty-five to fifty-five that the late syphilitics appear, their incompletely healed disease acquired in the reckless years of about thirty to thirty-five expressing itself with the handicap of pain and circulatory embarrassment in late middle age.

WHEN we pass to the group of poisonings we come to many of the functional disturbances of the heart, in which, at least in the early stages, the structures are not altered appreciably, though the capacity for work, the rate, rhythm and perhaps force of the heart is continuously or irregularly disturbed because of the effect of the drug consumed.

These functional disorders are preventable and curable by avoiding the use of the harmful substance, either altogether or in such amounts and under such conditions as are found to do damage. Alcohol, an irritant and depressant drug, is no longer used by well-informed physicians as a heart stimulant, but the laity will doubtless continue to medicate itself as of yore because it likes the taste and the dulling effect of liquor. Tea, coffee, and tobacco, when used in moderation, affect the heart harmfully only in persons with unusual intolerance to the particular alkaloid poisons ingested. The disorders of heart action readily recognized when brought on by these narcotic drugs often serve as a useful warning, and self-denial is the simple answer of prevention.

Poor habits of life lead to heart disease almost exclusively in persons over forty-five years of age where indolence or ease of circumstances, coupled with lack of opportunity for physical fitness, allow the heart to loaf. No muscular tissue can safely be allowed to atrophy or degenerate from disuse; the heart is no exception, becoming incapable of meeting even moderate emergency exertions in middle life, unless practised by at least the regular habit of brisk outdoor walking. Among the deaths properly attributable to the automobile are those of persons who rely upon the gas engine and balloon tires to do what their own much more economical combustion system and a good pair of leather shoes should provide for them. Here again we are well within the terms preventable and curable if we follow the laws of right living and worship moderation more than luxury.

The occasional patient with a congenital heart defect who survives the infections and other vicissitudes of childhood has learned the limitations of his accidental defect of structure. We are alike ignorant of the reason for the error of development and helpless to alter the heart thus damaged. There is nothing preventable, curable or communicable about the congenitally defective heart.

Here then we have a serious cause of death and disease, much of which can be avoided, most of it mitigated, some of it cured. What has already been undertaken, and

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whither the movement for prevention and relief is leading us, are worth a moment's attention.

From the time when his brilliant imagination, supported by the resistless proof of his experiments, drove Pasteur to the conviction that bacteria caused many diseases and that man had within his power the means of destroying these, the smallest of his living enemies, the ambition of all humanitarians has been to throw off the burden and the blights of unnecessary sickness and let at least the body of man live through in joy and freedom the years of his natural life. Some such spirit brought together and held the pioneer group of physicians in New York who, largely inspired by the ideals and program of that veteran and much beloved fighter in the tuberculosis clinic work of the ctiy, Dr. John Huddleston, took up the challenge of preventable heart disease and attempted to prevent it.

Support was scanty, the workers few and the emergency of the war a serious handicap to so young a movement, but the plans of 1915 were so simple and the need of service so urgent that it was surprisingly easy in 1919 to resume the swing of the work. It was a great encouragement then to find how widely the three major objectives of the New York Heart Association had been recognized as indispensable —a central office of information, a chain of special dispensary classes for diagnosis and home supervision of indigent or wage-earner patients, and a list of beds for convalescent care of heart patients at the Burke Foundation. These three specific accomplishments all clamored for expansion.

Philadelphia soon followed (1921) with a vigorous local association taking responsibilities and a program similar to that of New York. Chicago, Boston and Indianapolis followed suit (1922 and 1923) and San Francisco in 1924.

In May, 1922, a considerable group of internists, who felt the call in many parts of the country where separate societies were impracticable, met in St. Louis and authorized organization on a continental basis.

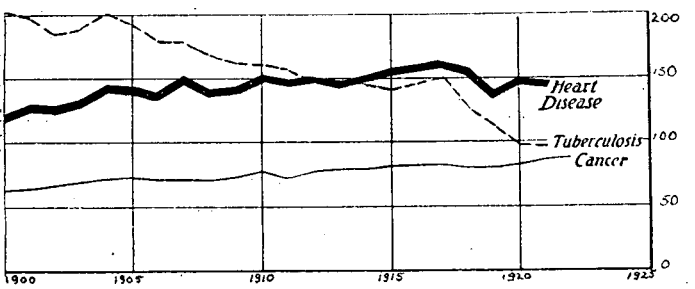
So it happened that in June of this year the American Heart Association was incorporated. There is now a convenient medium for the expression of opinion in heart prevention, for common interest in study and report of results, a central agency for popular education, a force for coordinating the separate movements scattered all over this country and Canada. Not only the doctors interested, but nurses, social, relief, vocational guidance and school workers whose careers involve them in cardiac problems, now have the backing of rapidly growing authority.

The accompanying map will show the present distribution of the 140 special cardiac clinics as at present operated in this country and Canada, forty-eight being in New York City. The attendance of active cases in New York has just touched the 7,000 mark, a larger total than is now attending the thirty-one tuberculosis clinics of the city.

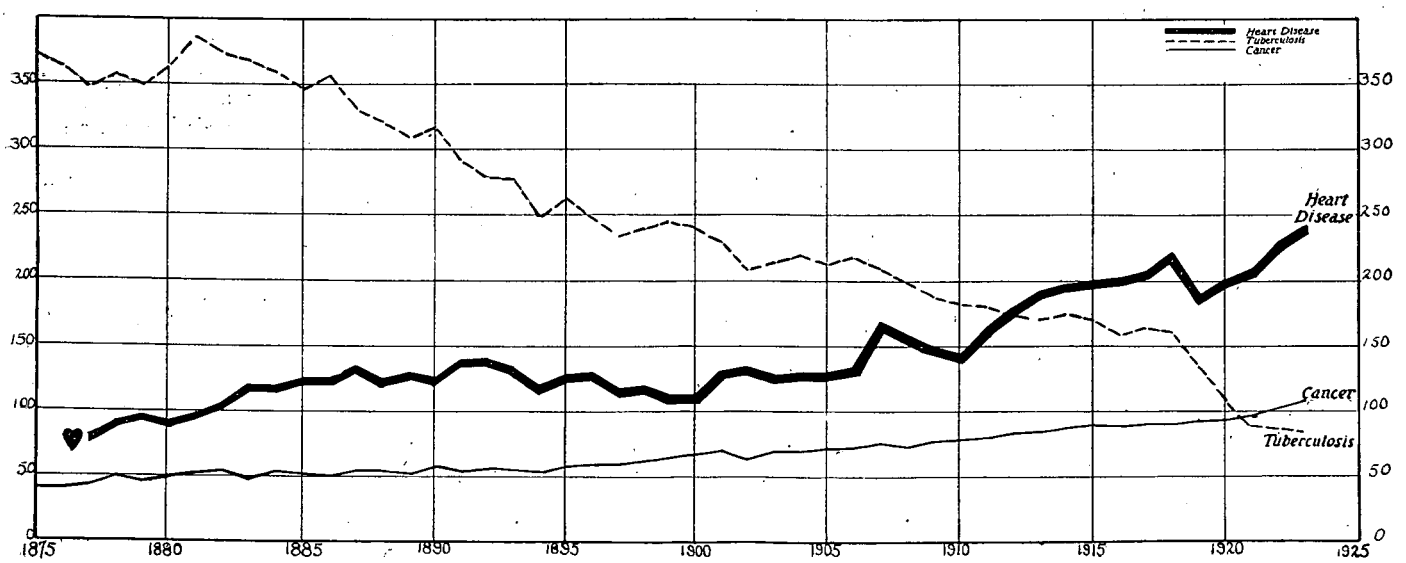
The particular contributions of the Committee on Cardiac Clinics of the New York Heart Association in the direction of system, standard, accuracy or medical definition and terminology has been widely appreciated and generally imitated. The traffic service and organization plan of a typical heart clinic is given in Dr. Robey's article on page 138.

The efforts for discovery, relief, prevention, have been too brief, too narrowly confined to a few of the denser populations of our cities to warrant expectation of brilliant or even calculable reductions in incidence or deaths from the heart diseases. The duration of these diseases is commonly so long that even if we had materially affected heart infections by a better protection and care of children, the certain result in terms of fewer cardiac deaths could hardly appear within twenty years.

In New York city an analysis of the experience of about six million people since 1910 shows in the first three decades of life a slight but consistent improvement in the death rate of males and females from heart diseases in 1920 as compared with the records of 1910 and 1915, when rates based on exact enumeration of the population by age groups makes specific death rates possible. We must, however, anticipate



In the United States Registration Area



Death Rates from Heart Disease, Tuberculosis and Cancer per 100,000 population in New York City

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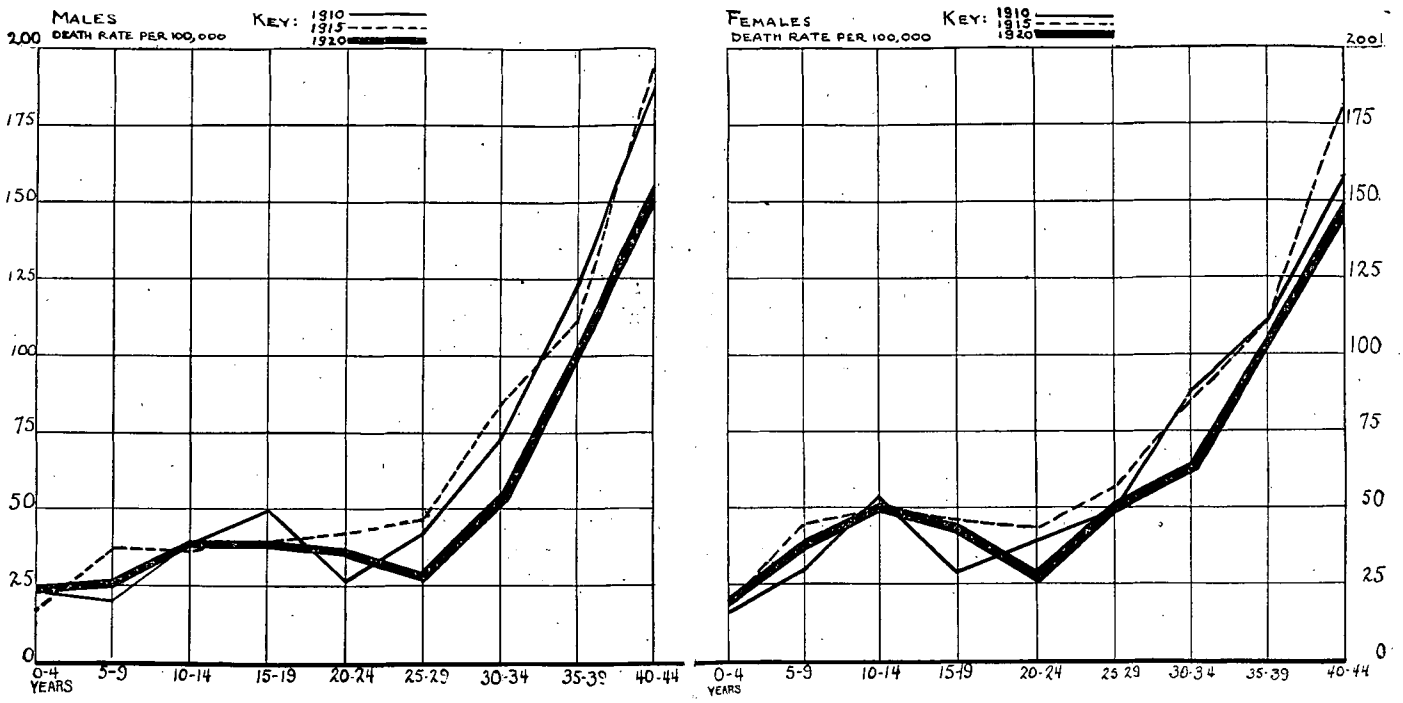

Death Rates from Heart Diseases by Sex and Age Groups up to Forty-five Years, per 100,000 Population in New York City—1910, 1915, 1920

a rising death rate from heart diseases for perhaps another twenty years, partly because of the extending average duration of life, and partly because the resources for prevention —chiefly education and the habit of annual periodic medical examination—will but gradually influence it.

Long before the ponderous figures of the Census Bureau prove the success of the present efforts in terms of lower death rates, we shall see universally those benefits of understanding and freedom from fear which are already unshackling the imprisoned heart patients. It is the do's, not the don'ts, which count in the world for progress, and no more exhilarating experience awaits the parent of the cardiac cripple than the new message that in use, in function, in play, in practice lies the strengthening of the heart. Not by refraining from all activity, but by sharing in the guided games and work of the world do the little heart patients win their way to an unexpected freedom. Not more than 8 per cent of the 20,000 heart cases found among the school children of New York needed to be denied any of the normal activities of childhood. Release from fear of sudden death which can be offered to the great majority of heart patients, is as much a boon, as the promise of healing but recently given to tuberculosis patients.

Since the first special out-patient clinic at Bellevue Hospital was established in 1911 there has been a steady growth in the understanding and use of expert facilities for diagnosis of heart disease. Since the New York Conference on Hospital Social Service in 1912 evolved the plan by which a Trade School for Cardiac Convalescents was established, vocational training of school children whose hearts demand special consideration and occupational guidance for convalescent and heart handicapped wage earners, have grown until research, practice and substantial improvement of method and resources have been secured with constant benefit to an ever widening circle. The natural history of heart disease, the life record, the intimate detailed story of patient, doctor, nurse, social worker, vocational guide, in many cases in widely scattered cities, is being built up in a volume of information upon which new and more helpful plans for prevention will be based. By combining information of laboratories with experience of the clinics such a weight of medical opinion has been created that a federal standard of uniformity in preparations of digitalis, the heart patient's most useful drug, has been established.

Boards of education and health now look to heart clinics and heart associations for guidance in their dealings with the school child and the applicant for working papers whose heart has already been scarred or weakened by disease. No longer do summer camps or convalescent homes exclude the heart patient when certified to as a safe member of the work and play community.

How similar the problem, how like the story of progress and procedure so far, to our successful experience with tuberculosis—an affliction primarily acquired in childhood, enduring a life time, held under control or breaking bounds according to the wisdom with which the patient is guided; prevention calling not for a specific or a vaccine, not for an edict of the health department or a masterful piece of engineering, but for a relearning of nature's lessons, a steady pressure against infections and the habitual poisons and physical unfitness; treatment requiring that exhibition of courage, patience, self-denial which goes to the building of character.

No panacea can be found to prevent or cure heart diseases, though many a triumph of detection and treatment will be evolved. The enemy, heart disease, continues to kill from childhood to old age, because as yet he neither sees nor feels the weight of such universal enlistment of personal, private and individual interest in the attack as brought tuberculosis to bay and harried it out of nurseries, schools, shops and homes. Not what is done for us or to us for the public health, but what we ourselves do for our own sakes, will bring down heart diseases and set the span of life climbing again.

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This man's job has been adjusted to his strength

Heart Disease and the Job

Work Portraits by LEWIS W. HINE

THE worker's clinic for cardiac patients at Bellevue Hospital is filled with men and women who are being helped to work out their own salvation. Some old, some pitifully young, tell their stories to the welfare worker and seek adjustment for their difficulties. Very often the solution lies in adjusting the present job of the cardiac patient so that he need not exceed his strength; sometimes a change of trade is necessary. Physicians and heart specialists now interpret the degree of heart trouble in terms of possible industrial effort and this is of great assistance to the layman in determining the kind of work the person should do.

The man whose portrait appears on this page worked for seven years as a porter, lifting boxes and bales weighing from fifty to two hundred pounds. After an attack of rheumatic fever he went to work at a much lighter job where his limitations were understood and respected. He has been there for five years. He attends the clinic regularly and has lost no time from his work because his employment is suited to his cardiac capacity.

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Hotel cooks and helpers handle heavy pans and kettles

Among the patients in the cardiac clinic were night watchmen, and men employed in quiet "sitting" jobs in offices who wistfully said that if it were possible for them to go back to busy docks, noisy baggage rooms, the blacksmith's forge, or the activity of a great hotel kitchen, wherever there was cheerful bustle and fellow workers to talk to, they would be happy, even though the old job sometimes paid less than the new trade to which they had been transferred. But strain and lifting heavy weights is not good for the man with heart disease; he must take the job that is within the limits of his strength. Many have been transferred to lighter work from jobs like those shown on this page.

The dock walloper often has a heavy load

The blacksmith must be a man of strength

The baggage smasher needs good heart and muscle

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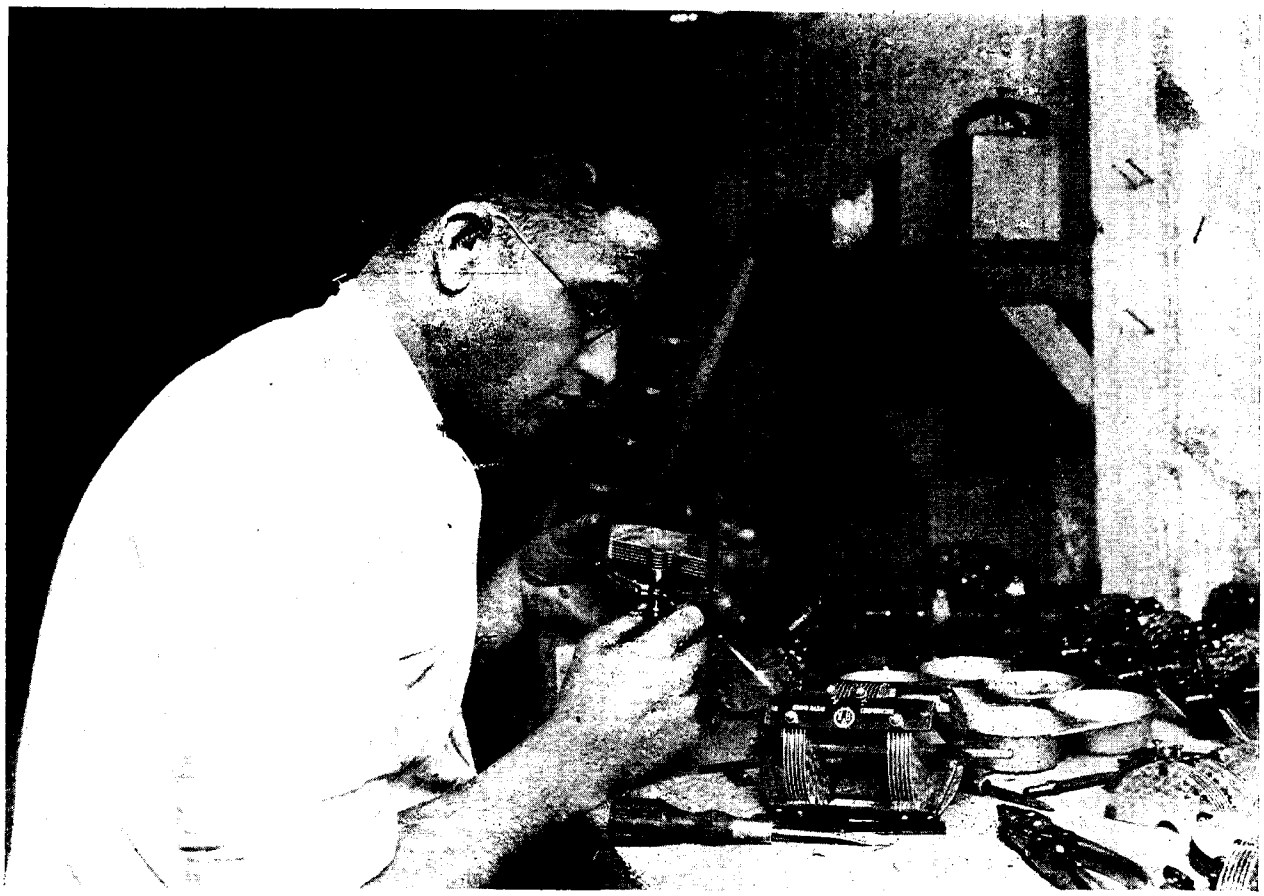
Classified as 2b in the cardiac clinic, this young man was told that his work as a stamper on paper patterns was unsuitable . He was persuaded to take training as an engraver at the Art Trade School and is doing well



This man was taken from a glass cutter's job because of heart disease. He is now employed assembling radio parts

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An oldish man, with a bad heart, can still, under supervision, earn a living without risk. At sixty-two years of age this man, a cardiac patient, is working ten hours a day as a waiter. He was formerly employed as a cook in a boys' camp, but the work combined with the responsibility proved too hard and at the advice of the clinic he obtained lighter work

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Putting their Hearts in their Work

By HANNAH MITCHELL

Diphtheria is a matter of days; typhoid of weeks; tuberculosis of years—heart disease may run for decades. No other diseases (except perhaps some of the mind) handicap their victims for self-support so persistently and so long as those of the heart. The task before us is not merely to keep cardiacs alive, but to help them walk the narrow path between dependence and over-exertion; to find work that will mean self-support and the meeting of family responsibilities without jeopardizing the wage-earner's dearly won hold on life.

AFTER describing the handicaps of a patient with heart disease, the doctor said, "But this man supports himself, a wife, and three children very happily. Their home is clean and comfortable, the children are well and in school, and his wife does not have to piece out the family income. So I believe we can say my patient is not a person for commiseration but rather a man worthy our deepest respect."

Today with our increased attention to rehabilitation and occupational therapy, hundreds of men and women who are admittedly handicapped by heart disease have found gainful work whereby they can support themselves and, often, dependents. Only a few years ago they would have been dismissed as "sick" and permitted to struggle or flounder about with their disability, themselves dependent upon relatives or the state until their handicap ended things for them.

A close-up study of some of these persons who have found work and independence in spite of their handicaps may be made at any one of a number of clinics. What is called the "Workers' Clinic" for cardiac patients at Bellevue Hospital is literally packed with men and women who are being helped to work out their own salvation. This clinic meets on Friday nights at seven o'clock—the time when most workers can come for their periodic going-over.

Men and women, some very old and some pitifully young, line up before the doors open. Those who are coming for the first time take their places for examination; those who are regular attendants go to their benches to wait. The physicians and helpers in the clinic go about their quiet régime of checking up on the physical condition of the patients. But the busiest person of all, she who must be advisor and friend on every sort of human problem which may be presenting itself to the patients, is the welfare worker. She it is who gets the story of physical difficulties and family troubles, if any, business problems, and all the petty, so-important details of life which present themselves to us all and are so much alleviated by just talking them over with one of sense and sympathy.

And who are these regular attendants at the clinic; where do they come from; what are their histories and what their futures? They represent a cross section of life as typical as any that could be taken anywhere else. The quality they have in common is that their hearts have been injured in one way or another, or show signs of making trouble at some time if attention is not given them.

There is the complacent worker—a man from an office who has been attending clinic for twelve years, more or less. He sits reading the evening newspaper until his turn with the doctor comes. There is the nervous mother with the big-eyed young daughter, who wants most of the welfare worker's evening for family recitals which have nothing to do with heart disease. There is the young and oh-so-pretty mother, late because of the evening dishes and dressed in her much-laundered best, whose turn comes quickly because she is so late. There are the young men who wear apologetic expressions for this seeming submission to weakness. There is the old, very old couple—husband and wife, who know that but for this clinic, they would have been separated years ago—each to live in some institution for the old and infirm. The cardiac clinic is the only means by which they are permitted to go down the last years of life together and their attendance each Friday is a ritual such as going to church. There are the young girls—girls who have to work—so interested in good times, to some of whom the fun of life, dancing and going to movies seems far more important than clinic attendance.

This is the Cardiac Clinic.

ONE of the greatest boons to the cardiac patient who has to continue activity has been the development of the use of digitalis. About 25 per cent of all heart patients are suffering from a condition known as auricular fibrillation. Patients having auricular fibrillation require daily medication with digitalis. Standardized digitalis is supplied at the clinic and the patients are taught to be on the lookout for symptoms indicating that they have had too much, and generally given an understanding of how to use this drug. Digitalis slows down the heart of the patient who is required to take it, and increases its ability to do work, if given in the proper amounts. Too much of the drug results in serious symptoms. Consequently the care and the education of patients is most necessary. Besides, each cardiac is required to report to the clinic frequently for observation while he is using it. The use of digitalis has greatly increased in the last ten years. It may be classed along with the human agencies which have been active in rehabilitating workers made inadequate by cardiac troubles.

Just as the trouble with his or her heart, or the potentiality of trouble is individual, so the family conditions, the tastes and abilities of each patient are different.

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Consequently placement of these people at the jobs they can do, once they are found able to work, is as individual as the treatment which precedes, and often continues with the ability to work. The generalities in regard to the persons who attend a Cardiac Clinic have been stated by Gertrude R. Stein, New York State Bureau of Rehabilitation, and Belle Baron, Committee on Cardiacs of the Public Education Association:

> Experience seems to show that most cardiacs are inert and lacking initiative. They seldom suggest what work they want to do themselves, but it must be suggested to them. It is unusual to come across a cardiac who wants to do work which exceeds his strength. Cardiacs are apt to worry about themselves and to become neurasthenic. The quicker a cardiac can be adjusted to work the less apt he is to become depressed. . . . A cardiac should remain at his old trade and do that part which does not aggravate his physical condition. The less adjustment he has to make the less likely he is to become despondent. Many cardiacs cannot remain at their old trades, but wherever it is possible it should be encouraged. . . .
>
> Placement work with the cardiac is more difficult than the placement of other disabled people because the disability is not evident. If a man has a leg injury he is not asked to stand all day. If a man has an arm injury he is not called upon to do heavy lifting; but a cardiac, often more disabled than either, is frequently required to do work far in excess of his strength. . . . Physicians and heart specialists now interpret the degree of heart trouble in terms of possible industrial effort and this is of great assistance to the layman in determining the kind of work the person should do.

There are certain physical limitations common to them all. Lifting is the outstanding work they must guard against and this automatically eliminates certain kinds of work, such as that of a longshoreman, a sailor, a driver, a shipping clerk or a porter. In most cases cardiacs cannot climb stairs often or continuously or run errands without bringing on attacks. The work of a salesman is unsuitable. Many persons interested in rehabilitation advise that the cardiac of necessity be placed in a seated job. If this were possible, it would, of course, do away with the danger from lifting and climbing, but restricting cardiacs' possible jobs to seated jobs limits the possibilities of placing them, for there are so few of these jobs. And most of the seated jobs are held by women.

There is another factor which must be taken into consideration in placing cardiac patients—their own desires and inclinations. In other words there is the ordinary amount of temperament which must be dealt with in all human beings. The job for an individual cannot be prescribed simply with a view to his physical ability to do it. Like all other workers the cardiac not only wants work but he wants work congenial to his taste.

There is some variety in the jobs which are safe for cardiac patients to attempt. All processes of jewelry design are excellent, for the work is light and varied. Watch and clock repairing offers the advantage that the skilled man can work at it part of the time at home. The assembling of instruments and electrical appliances is usually done with the worker seated. Some of the other possible kinds of skilled work are listed in the box on the opposite page.

The boys and girls who are attendants at the cardiac clinics are being trained in the trade schools along these or similar lines. It is possible to start these young people in the kind of work they can do and less often is there trouble in readjustment such as is almost inevitable with the men and women who have worked for a number of years at some unsuitable occupation.

The older patients sometimes can be fitted into skilled work, perhaps after a special course of training, but usually they have to try the unskilled. Such opportunities for men which are suited to heart disability are: cashier and checker in restaurants; checker in shipping houses; elevator operators and switchboard operators; watchman; news-stands, doormen at hotels, clubs and so forth; and ticket takers in theaters. Women are usually placed to card and sort and pack buttons; pack and wrap candy and dolls; pack and examine hair nets, hosiery and gloves; card and box jewelry; run ribbons into and examine knit goods; color lantern slides; fold and wrap dress patterns; box and assemble pencils; assemble piano action; cut, block and finish ribbons; fill, label and finish goods in drug supply houses; and to serve as matrons of clubs. In many cases, of course, it is impossible that the cardiopathic worker can remain at his old work or return to it. Many of the tragedies in cardiacs are due to the necessity for a change of occupation.

IN the hope that I shall not inadvertently stumble on to their real names I shall designate some of the men and women whom I met at the Bellevue Cardiac Clinic with names of my own making. They gave me some slight glimpse of what it would mean to one who liked his work to have to change. Besides being sick and limited in his very life, the cardiac who has to earn his living gives up very often the pleasure of doing something he has learned to do well. He leaves associates who have become his friends in work. And works at something just because he has to earn his own and, sometimes, several other persons' bread. At the clinic I met Mack Murphy, slight and Irish, with sandy hair and golden brown eyes. Mr. Murphy is about forty years old, I should say. He has a wife and three children dependent upon him. He is now a night watchman for a construction company.

"It's not hard work," he said in discussing his job, "but the hours are hard to get used to. With kids playing in the apartment it's hard to get a good day's sleep. Then again it's lonesome work. I go to work at six o'clock in the evening and come off at six o'clock in the morning. After the evening rush is over it begins to be lonesome. Another watchman walks our beat and we meet every half hour. Besides him there is no one to talk to, not even to speak to, most of the time. Nothing has ever happened to make me any trouble while I've been on this job. The main thing to watch is that kids don't climb around and hurt themselves where the men have been working in the daytime."

"What was your work before?" was the natural question.

"Why, I used to work on the docks," he smiled and expanded, "I pulled a hand truck. I'd like to be back on the docks. Sometimes the work was heavy and then again you wouldn't have more than one little bundle on your truck—all depending on what was coming in. But I liked it and there were lots of other fellows about. I'd like to go back to the docks."

Another man—James Smith, let us say—who was waiting for the doctor told me he had started life at heavy work for one of the subway companies. He was ill and his illness left him a cardiac. The company for which he

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had worked found him a job in one of its offices where he has been doing clerical work for twelve years.

"Yes, I like the job I have now. It's a good job—a better job than I had before. As a matter of fact I have worked at it longer than I did at the other one. But," and he paused and looked at me very directly, "but I'd go back to the old work if I had my health and strength back."

"And what was your former work?"

"Why, I lifted these heavy man holes," he smiled and there was the masculine pride in physical superiority in the smile, "Yes, I used to lift many of those heavy man holes without any help at all."

Thomas Aikin has held a job as watchman for several months without losing a day. When first introduced to the Cardiac Clinic he was in a very serious condition, and instead of working out he stayed at home and cared for an invalid mother. His sister supported the family and when she lost her job the condition of the family was almost desperate. For twenty-five years Thomas had suffered from fatigue and in that time had had ten heart attacks. His occupation had been trucking, driving a team—heavy work and wholly unsuited to his physical condition.

Thomas is one of the patients at the workers' clinic who has received the full benefit which digitalis may bestow. His ten breakdowns were due to the lack of it. The clinic taught him the use of this drug and through it gave him new strength without the palling apprehension of the failure subsequent to his former attacks. Also, through the Bureau for the Handicapped to which the cardiac clinic referred him he found a position suited to his heart capacity at twenty-five dollars a week.

A stolid, solid-looking person is James Rock, another of the personalities of the Cardiac Clinic. Mr. Rock is nearly fifty years old. He came to this country in 1898 from Ireland and in time became a citizen of the United States. For seven years he worked at heavy porter work at one of the best known grocery establishments in this city. In this work he was required to lift boxes and barrels weighing from fifty to two hundred pounds. As a result of overwork he went to another establishment where he did light porter work. Two years ago he went to Bellevue Hospital with an attack of rheumatic fever and after his recovery from this was referred to the cardiac clinic. Still lighter work was recommended. The company for which he had been working kept him, reducing the strain of his work.

The most interesting person of all those I met at the clinic I have saved to the end of this story. This is Elbert Ross. He is sixty-two years old and was at one time chef in one of the large establishments which cater to New York appetites. Like other cooks he made a splendid living. Several years ago he realized that his work was too strenuous and asked the Cardiac Clinic for assistance in obtaining lighter employment. Through the Bureau of the Handicapped he found work as a cook—but this time for a children's home in the country. Of course the pay was much less than that which he had received heretofore, but the life in the country and difference in working conditions as well as in the amount of work made up for this.

Small as the money is, outside that one thing I think I am more comfortable and treated with more respect than ever I was in any place I have worked, I will enclose a few days work so you will have an idea about the food I am giving them (entirely my arrangement) the children, I mean, whose ages run between 6 and 10 years [he writes the social worker].

Milk and eggs are plentiful, also fresh meat and ham and bacon. I have used nearly two barrels of apples since I have been here—I give the children one between meals every day. I would be very glad of any suggestions you could make at any time regarding the feeding of children. I am absolutely feeding these children at my own discretion and all I give them goes on record.

There has been a lot of sickness here since I came [in the neighborhood he specified]. Daisy Cottage escaped it all.

[In a P. S. **Mr. Ross mentioned himself.**] My health [he said] has been splendid since I came here. I work hard from 6 A. M. to 6:30 P. M. with possibly rest from 2 P. M. to 4 P. M. and at night I am tired but with a contented mind knowing that my work is appreciated.

I could go on like this indefinitely, telling the story of men and women for whom the cardiac clinic is a link which holds them to self-support and independence. If the persons with whom one brushes elbows in the street, or factory, or movie, were to be examined, probably not less than one in fifty would be found to be suffering from some form of heart disease. With medical advice and supervision to tell him what job he may wisely do, perhaps to train him for it, to help him find it, and then to keep him fit for it and in touch with his own strength, that fiftieth may outdistance his sound-bodied neighbors and keep on busily and happily for years. Without it, he may drift even in a few months into long, perhaps life-long invalidism. Repeated studies have shown that cardiac patients are better and happier at work than idle, and when they are properly classified many of them can be placed in jobs which they can fill as effectively as the worker with no handicap. It is estimated by the New York Heart Association that it costs only $20 a year for each patient to provide medical, nursing and social service through a large clinic, but the salvaging of cardiac workers would justify to the workers, to industry, and to the community an investment many times greater.

Skilled Jobs for Cardiacs

FOR MEN

Engraving, jigsaw and assembling in celluloid novelties
Polishing diamonds
Certain kinds of draughting
Work as a barber, for cardiacs who can stand for long periods or work quickly
Pocket-book pasting
Operating and finishing garments and furs
Bookkeeping, stenography, and accounting
Retouching in photography
Proof reading and copy-holding in the printing trades
Photographing and certain other processes in lithography
Steel engraving
Painting dolls' faces in doll manufacture
Grinding and rubber turning in fountain pen manufacture
Glueing and assembling in piano actions
Covering and machine work on buttons

FOR WOMEN AND GIRLS

Millinery processes
Pasting and sewing lamp shades
Finishing in clothing manufacture
Mending laces, and fine embroidery
Crochet beading on dresses
Fashion design
Bookkeeping, stenography and typing
Painting and engraving celluloid
Work as a seamstress or information clerk in institutions
Sample mounting in wholesale houses

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Photographs by Lewis W. Hine

For several years this old lady supported herself and her husband (whose picture is across the way) by folding Bible leaves. Both are victims of heart disease

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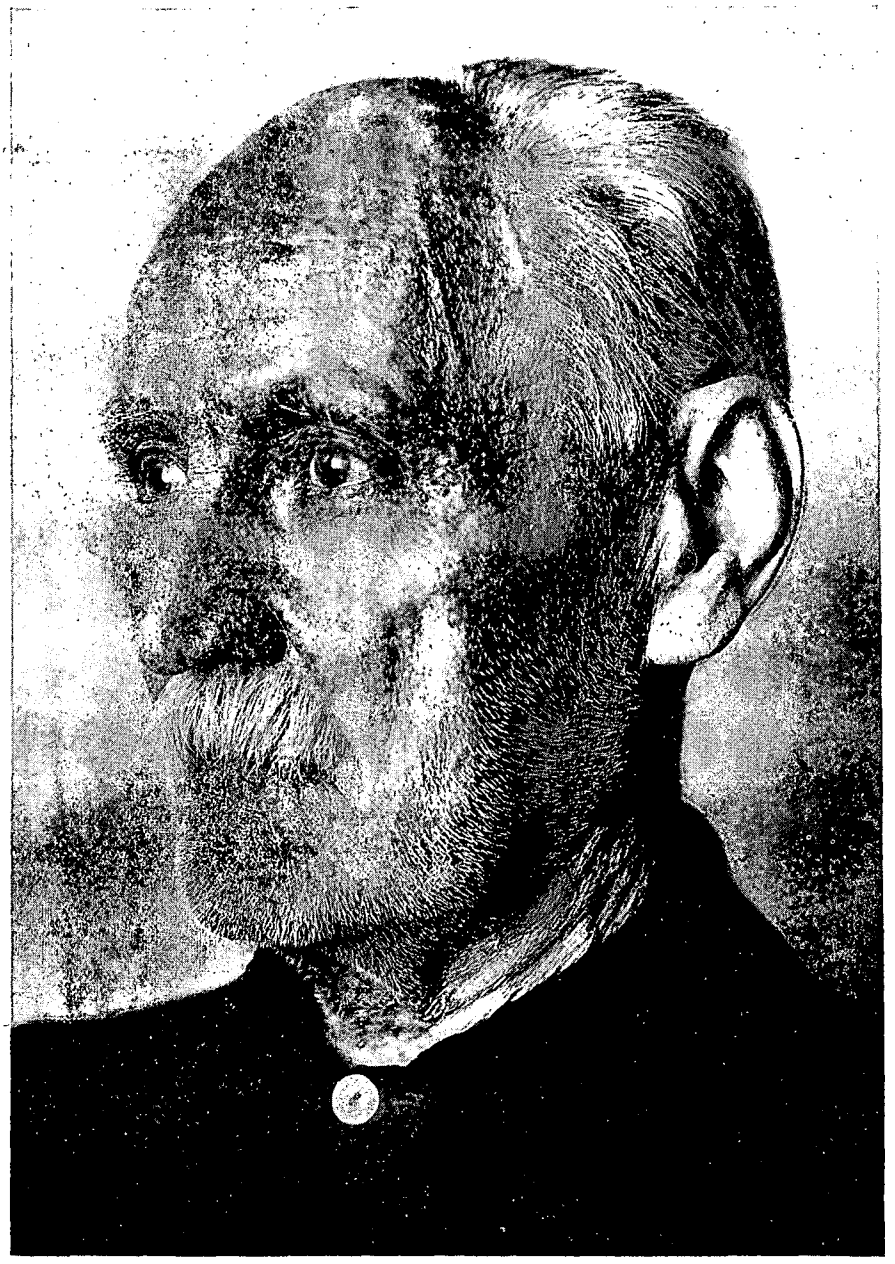

This man and his wife (opposite) are kept from falling into a state of invalidism by regular attendance at the cardiac clinic, Bellevue Hospital, digitalis and good sense

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Photograph by Lewis W. Hine

At twenty-nine years of age this mother of two small boys is a cardiac classified as 2b, indicating a serious condition. In the New York State Bureau of Rehabilitation light factory work is proving satisfactory for her

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Woman's Work Is Never Done

By ELIZABETH PORTER WYCKOFF

"IN the class of heavy work we have put occupations such as longshore work, shipbuilding, blacksmithing and carpentry for men, and housework with washing or pregnancy, and janitress work for women."

This is not a paragraph from a feminist speech. It is a scientific classification from a clinic for workers with heart diseases where they made a study of the work and capacity of 105 patients for a year. Of the men 26 per cent were doing "hard work." Of the women, 58 per cent. All of these patients had organic heart disease with more or less diminished cardiac reserve.

We believe, [goes on the report] that this very large proportion of women doing hard work is due to lack of choice. This belief is accentuated by the fact that the greatest number of women doing hard work is during the third, fourth and fifth decades, that is, when most of them are married. Most women do heavy work as heads of large families. It is nearly impossible for them to give this up, and difficult to make the work more easy. They frequently go on, as every worker in a cardiac clinic knows, until they drop. Men, on the other hand, when they find difficulty in doing hard work, either look for and obtain lighter work, or simply give up, frequently sending their wives out to work.

The graph that went with these figures was rather horrible. After the fifth decade (forty to fifty years) the number of women fell to nearly none. On the chart they vanished a good ten years before the men.

It looked as if cardiac housewives all died before they got to be fifty. The doctor explained it, not so much more encouragingly at that. The younger ones, of course, who had developed bad cases when their babies were little, had probably been unwilling to recognize the chances they were taking; probably they had died. The older ones, who had developed heart disease of a different type a little later had "gone till they dropped" at home or in the hospital.

It is hard, it seems, for the cardiac housewife even to get to the clinic of an evening. She is always late. There are the children to put to bed and the supper dishes to do. It is perhaps a matter of getting your digitalis, if you are to go through the week in comfort. But the dishes have to be done. There is no doubt in any woman's mind about that everlasting fact. And suppose you do have an attack or two before you get to the doctor again? You have always got over them, so far; they are regrettable, unfortunate. You regard them very much as most people think of a cold. Your work has not suffered much. You are a good mother and wife. You do the best you can.

Against this traditional, and very likely instinctive, sacrificial spirit of the mother of the species, it is cheering to find the cool, appraising eye of science sizing up the situation in terms of dispassionate disapproval. Difficult as it often is to change the work of a man cardiac or of a single woman, it is simple, they say, compared to the problem of the mother of children. To change the working conditions of her life, you must often change the living conditions of the entire family, perhaps help the father to a more lucrative type of work, send some of the children away for a time to give the mother a partial rest, give her a vacation if you can, before she actually breaks down, see that she has fewer stairs to climb, get the washing sent out if possible—in short, to keep the mother alive and comfortable you must have the cooperation of her entire family. When it works, it is wonderful.

Take this family of seven children whose mother is a cardiac. The father was earning seventeen dollars a week, and they were living in a three-room flat in a very crowded part of the city. In order to get better living conditions for the mother they moved to an outlying part of the city, where they have a very nice flat on a second floor with six outside rooms. Here the father got work at $30 a week.

The father understands the situation perfectly, and both husband and wife have followed advice in almost all particulars. He does much of the heavy housework, such as the sweeping; the flat is modern, so the housework is as easy as possible; and the children all help, each child having certain daily duties. As many as possible of the children are sent to the country each summer to give the mother some extra rest. This year the oldest boy has begun to work. This woman is carrying on well, and no doubt will be able to live along comfortably for years. The husband, who has common sense and evidently loves his wife and children, has known enough to take good advice when offered. He is apparently the key to this situation.

This is what a man and woman can do with a handicap when they work together and use their brains. But it is the exceptionally sensible and sympathetic husband who makes such histories as this one possible. At the other end are combinations of handicaps that are enough to make the most experienced angel weep. Stairs and washing as drawbacks are mild compared to having a husband who drinks or who disappears, leaving one with small children. The routine, every-day care of children is taxing enough when they do not present any particular extra problem.

The very young mothers with heart disease are more baffling to treat than the older, more settled and experienced woman. Take a flightly, pretty girl, who has had rheumatic heart disease as a child, has apparently recovered and then after marriage and having a baby, develops heart failure. She has another handicap, poor child. "She loves a good time," say the doctors, and she can't believe that it is necessary for her to live within what they call her "cardiac reserve." She gets better from each attack for a while and enjoys life as she always has. "Just look at her," her husband proudly says—until the final breakdown comes.

People ask often about whether women with heart disease should have babies. It is not a matter merely of living through the actual labor. Almost all young cardiacs go through that fairly well. The doctor talks instead of the strain on this same cardiac reserve through the nine months of pregnancy, the care of the baby when it comes, the broken nights for a year or so after the baby is born, the strain of

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lifting and carrying it about. The woman with no chance to have her baby cared for has definitely to plan to strain her heart for at least two years if she has a child.

The older women, who develop heart disease when some of their children are nearly grown, manage with their added maturity and experience, to arrange their lives better. Their husbands and their older daughters see the necessity for helping, and the older children are beginning to help out the family income so the washing can go out and perhaps some of the heavy cleaning be done. Most of these women are of the most ambitious American type.

There is Mrs. H., who is fifty years old, the mother of six children. The father makes $30 a week, and the oldest son works and pays board. The oldest daughter has a part time job and helps at home the rest of the day. They have a light apartment on a third floor, and Mrs. H. tries to take the stairs only once a day. Four of the children are in school. She never misses a clinic night, and says that she feels exactly 100 per cent better since coming to the clinic. She does no laundry work, and she is happy and as comfortable as possible. But she has not, of course, the disadvantage of wanting to dance and go to the beach and have a good time, and all the midnight colic and two o'clock in the morning baby-bottles were over for her long ago.

The center of the whole problem shows plainly when you ask the social service worker what is the very first step to take in trying to prolong the life of one of these useful mothers of families. "Why, you see the husband, of course," she says. "If he can and will help, the rest is easy."

Next comes the abolition of outside work, that source of the precious extra money that mother goes out and earns herself, with the substitution of light home work if extra cash is absolutely necessary. Then very often a change of living quarters and regular clinic treatment, of course, with the removal of the source of infection. If a tonsillectomy is indicated, the children are "placed" while the mother is in the hospital. The housework is regulated, a matter that can always be managed with intelligent patients, and once a year the mother and children, often together, are given a vacation in the country, before the mother breaks down.

Like every other part of the problem of heart disease, the great necessity for the cardiac housewife is education. It is hard to persuade a woman who feels fairly well most of the time that virtue for her consists in doing less actual work for her family, rather than more. But if she really believes that by changing her life she will live years longer, and if the facts as to the prevention and relief of heart diseases were as much a matter of common knowledge among her family and friends as those of tuberculosis have come to be, the thing would be half done.

The mother of a large family with a small income is as nearly indispensable as any mortal ever is. Keeping her well and out of the hospital means a great deal more—in terms of family life and the health and training of children—than can ever be shown on a clinic chart. But it's a hard job, for her work is never done.

Light home work helps to support this mother and her child

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Child Hearts

By SAMUEL McCOY

"Keep thy heart with all diligence: for out of it are the issues of life."

Proverbs, Chapter IV, Verse 23

Five hundred thousand children in America are suffering from heart trouble of some sort.

Two hundred thousand of them have organic heart trouble.

Five thousand of these children will die of heart disease this year. They will die for lack of proper treatment of their hearts.

What are we going to do about it?

Photograph from New York Heart Association

I FIND it very difficult to become alarmed when people tell me that the increasing prevalence of heart disease *ought* to alarm everyone. I am too selfish. I haven't any heart trouble, myself—so far as I know—and therefore I can't realize what it means to other people. My heart is thumping along beautifully.

I rather fancy that my indifference, my callousness, is pretty general. Not many people seem to be interested in discussing heart disease, although they will carry on about other illnesses for hours at a time. . . . Perhaps this is because there is so little that is "spectacular" or even visible, about heart disease. It is so horribly concealed. It seldom shows its presence, to the casual observer. It hides itself even from its victim, for hours and even years at a time, lulling him into a false sense of good health. Until its very final stages at least, it betrays itself by no such signs, alarming to all who behold them, as a burning fever, a delirium, a stertorous breathing, or a ghastly sore.

No, it is content to remain hidden, this sickened heart of ours, hiding its secret agony. Not wise, perhaps, this stoic guardianship of suffering. Help comes more quickly to him who shouts loudest for it. But the heart alone "knoweth his own bitterness."

If, to those few, the physicians of the world, who have insight to guess this suffering beneath its veil, the spectacle of men and women so stricken is a bitter one, what must be the hurt amazement of the *child* who feels death thus clutching silently and terribly at him from within? He walks sedately, or he sits brooding, and all is well: he runs, and instantly the dreadful hand is there, within, to halt him mysteriously and bring the sweat of fear to his forehead. Outwardly, all is well; his elders, seeing nothing visibly wrong, are as indifferent and impatient towards him as I myself; and he will die before the year is out, his hurt eyes to the end accusing no one.

When the *careful* student of mortality, having *carefully* examined the records of the deaths of a hundred thousand men and women and children and having noted the ages at which each died, points to the chart and shows you that, when heart disease is the cause of death, the rate of death suddenly shoots upwards from the age of thirty-five onward, there is only one conclusion to be drawn. His chart makes it plain to the dullest beholder:

To reduce heart disease among children and young people is to reduce it among the older.

The situation may be described broadly as this: Up to the age of 35, less than one person in a thousand whether ten years old, or thirty, or any other age under 35—dies from heart disease; but from 45 upwards the rate of death from heart disease speeds faster than that from *any other disease known*. Obviously, the thing to do is to attack heart disease and its causes before it grows beyond alleviation, while the child is still of school age.

There, then, among children, is the plain point of chief attack, by physician, parent, school teacher and social worker. Let us see what is already being done along this battle-front.

THERE are four chief forms of heart disease. Of these, careful analysis shows that the so-called acute forms of organic heart disease, pericarditis, angina pectoris, and acute endocarditis, "play a relatively insignificant part in the total deaths from cardiac diseases at whatever age." Ninety-five out of every 100 deaths from heart disease are due to the chronic form, organic heart diseases.

Heart disease in the child, therefore, is the enemy against whom the heaviest amount of fighting must be directed. And in ninety children out of a hundred the primary cause of organic heart trouble is rheumatism; while tonsillitis and decayed teeth, diseased adenoids and sinus infections are the chief contributing causes of rheumatism.

Tonsillar infection is so common in recent years that it seems to be almost the exception to find a pair of perfectly normal tonsils in a child. . . . Complete removal of the tonsils has been shown to prevent recurring attacks of rheumatism and is *the most effective preventive measure now known*. . . . The fact that the tonsils have been operated upon is not enough, unless they are completely removed.

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In the treatment of rheumatic fever and acute tonsillitis, prolonged rest in bed (for days and even weeks after the fever is past) is imperative.

One first quotes such observations as these to illustrate the elementary nature of the battle which is to be waged.

How many children, out of the 500,000 who have weak or diseased hearts, are being given proper care and attention in America today?

It is doubtful if 40,000 of them are getting such care. . . . The great majority of them—more than 400,000 children—are left alone, to an enemy whom they cannot understand and who will show no mercy to a child.

IT is perhaps all the more terrible because it is so much a commonplace, so often present and so often disregarded, in so many homes:

"Run down to the store and get me a spool of thread, Johnny. Hurry now! *Hurry!*"

A perfectly natural command, isn't it? There isn't a mother in America who might not utter it, with perfect justice toward her little son.

But the boy comes running back; and stops, breathless.

"Gee, mother, I feel awful queer."

"What's the matter?"

"I don't know, mother. I just feel tired."

"Nonsense!"

"No, honest, mother, I feel *awful* tired."

"You're just a lazy boy, that's all! Here, come here let me look at you. Yes, there isn't a thing the matter with you. Not one single thing! *You* haven't got any fever, or anything. Run on, now, and don't let me hear any more nonsense from you. Mother's tired, and you've got to help. Don't be a lazy boy!"

Months go on. The same dialogue is repeated—day after day.

"I declare, I don't know what's got into that boy! He isn't sick a mite, not a bit, so far as I'm able to see. And yet he's always shirking. Won't do the least little thing without complaining. I declare it's enough to make a body wonder if he's your own flesh and bone! But he'll work, or I'll know the reason why. I'll whale him, and don't you forget it."

Well, there are lazy boys and they *do* shirk work. But they can't pretend to have heart trouble and hide behind that excuse if they really haven't heart trouble. A trip to the doctor will show, soon enough. You can't fool that funny thing that the doctor listens to your heart with. No, sir!

Learning a safe trade at the Cardiac Training School; jewelry box making

Photograph from New York Heart Association

The tragedy is for the child who is *not* taken to the doctor; and whose heart, doing queer things that no one but the child knows of, drags him along the weary road of miserable life. Sometimes someone will say, negligently, "Oh, 'guess Johnny's got a weak heart." But weak hearts get scanty sympathy. Most people seem to regard them in others—as an imaginary affliction, a subterfuge like "temperament," adopted as an excuse to get out of doing one's honest share of the day's work.

They won't believe until, perhaps years later, the tired heart stops altogether.

But—and this was less than ten years ago—a few people, physicians and educators, who do believe in the serious nature of heart troubles in children began to make a new sort of world for such children.

Beginning in 1916 and again in 1919, after a lapse of time when the war had called the doctors away from the city, a group of specialists in charge of seven cardiac clinics in New York City studied the children in the regular public schools of their neighborhoods, and the children who had been found to have organic heart disease and had been brought together in special classes in nine public schools. In that school population of 130,000 they found organic heart disease less often than one in a hundred children; its rate, to be exact, was 0.7%.

Two-thirds of these cardiac children had had tonsillitis; nearly half of them had had rheumatism; one in six told a story of diptheria or St. Vitus' dance; one in eight, of scarlet fever. These rates are very much higher than those found in a group of normally healthy children of the same age and grades in the same part of the city. Almost without exception the cardiac children had diseased tonsils and one or more carious teeth.

This same committee of the New York Heart Association, with the cooperation of the cardiac committee of the Public Education Association, studied the special classes for cardiac children which had been opened in the public schools in 1917 and later. In these classes cardiopathic children had a special regime; their temperatures were taken when they arrived; they had a hot dinner and a rest in the middle of the day at school; in most cases after the regular school hours there was an extra period of supervised games and quiet play to keep them from too strenous an afternoon at home or on the streets. But, valuable as these segregated classes are in many cases, the committee decided that they were not necessary for the greater number of cardiac children (92 per cent) who could carry on well in the regular grades *under supervision;* while many of the remaining 8 per cent were too sick to learn, and should be in bed at home or in a hospital; and those few for whom special school routine is essential could be cared for as well in the classes for the handicapped without the expense and elaboration of segregated cardiac classes.

So, in communities where a child's heart has a chance, the set-up must be something like this:

There is the hospital (or the child's own home

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with a skilled private physician in charge) where the child with the dark-circled eyes so characteristic of the cardiac must lie on his narrow white bed so long as he is burned by fever, showing that there is active infection somewhere. This may mean weeks, or even months.

There is the convalescent home (again it may be his own, if fresh air, sunshine, nourishing food and adequate supervision are at hand) in which he can win back his ability to work and to play, testing that tricky heart cautiously after each new effort, to make sure that one is not presuming on its powers.

There is the cardiac clinic, that sheet anchor to windward, from which no cardiac can afford to cut loose. To it come the children released from the convalescent homes, and others sent in from the schools, the dispensaries and other institutions, to be told what they can and what they cannot do safely, to be watched patiently for month after month, perhaps year after year, so that skilled judgment can detect at once the warning signs of too great exertion and prevent breakdown. There are nearly fifty cardiac clinics in New York City; forty are divided between Philadelphia, Chicago, Boston and San Francisco; and there is one each in some thirty or more other cities—about one hundred and forty throughout the nation. Many of these examine adults as well as children.

And for the children who must reckon with a lifelong handicap there are the vocational classes to train them to some means of self support within their physical powers.

At the hub of the wheel is the cardiac clinic. Take, for example, the oldest cardiac clinic for children, that of St. Luke's Hospital in New York City.

Perhaps the school doctor sent you there, after he listened to your heart with his "telephone." Perhaps they gave you a card in the regular children's clinic and told you to go to "Cardiac" when your mother got worried and took you to find out why you puffed so when you ran upstairs. Or perhaps you have graduated from a long hard grind at home in bed, or from a pleasant visit to a convalescent home (more of these hereafter). When you come to the clinic on a Saturday morning, its chief, Dr. William St. Lawrence, seems to start right over again at the beginning, and listens carefully to your heart, to decide if it really has organic heart disease. And if it has?

Two days in the hospital.

It is no use to register and advise a child at the clinic unless his family will help out in all the rest of the time which is under their direction and control. The best the clinic can do is to educate a child—and his parents—to know and respect his limitations.

"It's like water dropping on a stone—again, again, again—until it makes an impression," said E. Louise Adams, the social worker in charge of St. Luke's cardiac children.

At each visit Dr. St. Lawrence talks with the child alone, man to man, and puts his own problems up to himself.

The two days in the hospital serve not only to give the time necessary for a complete physical examination of the child—all kinds of analyses, tests, X-rays, and that marvelous heart-writing which draws the beat of the pulses and the rhythmic muscular squeeze of the heart itself, but as a test of the genuineness of the parents' interest. If they trust the doctors enough to give their child over to them for two days, if they believe that a child—perhaps not visibly sick—still needs treatment enough to go to the hospital, then the chances are that they will see that he keeps his clinic appointments regularly afterward; that he goes to bed at the time the doctor sets; that he eats his food properly, and eats the proper food; and that he is not asked to run errands and climb stairs or allowed to play tag and prisoners' base, unless the doctor says he can.

If tonsils or adenoids have to be removed, this is done, whenever possible, at the time of that first hospital stay, prolonging it for a day or two.

Then the young patient, accompanied by many records of himself and his family (for the social worker, too, has been busy, getting her story of his home and its assets and liabilities) goes back to the clinic and the doctor can lay out his course of conduct.

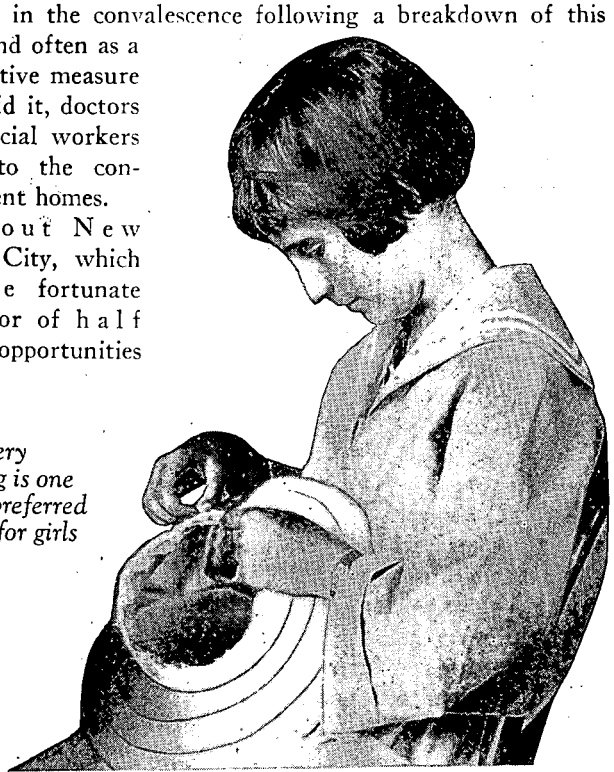
This may mean visits to the clinic every week, or every month, perhaps only every three months. Probably they must be continued for years. St. Luke's carries on its rolls children who were there when the clinic opened eight years ago. They are followed through the grades, through high school, perhaps through some special vocational courses. For even a bad heart, treated respectfully, can be made to behave and to leave its owner in comparative peace and comfort, and for those many children whose conditions cannot be actually cured, this kind of supervision and the avoidance of all possible infections (the clinic immunizes its patients against diphtheria and scarlet fever and vaccinates for smal pox, whenever necessary, in addition to having the focal infections of teeth, tonsils, sinuses, etc., cared for) must be carried on, if all is to go well.

AND if it doesn't? If heart failure develops (and by this the doctors mean not sudden death, but the inability of the heart to keep up with its task) back he must go to bed.

"Heart failure cases," said Dr. Halsey, outlining a general program for cardiac children, "are not to be considered anywhere except in bed."

And in the convalescence following a breakdown of this sort, and often as a preventive measure to avoid it, doctors and social workers turn to the convalescent homes.

About New York City, which is the fortunate possessor of half the opportunities



Millinery making is one of the preferred trades for girls

Photograph by Lewis W. Hine at Cardiac Training School

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Photographs from New York Heart Association

Supervised play and gardening at a convalescent home

for institutional convalescence in the whole country, there are some three hundred beds for children with cardiac conditions, in a dozen or more country homes, such as the Burke Foundation, the Mineola Home, the Mary Zinn Home, Martine Farm, and the Pelham Home. Here there is fresh air and sunshine a-plenty; at first one lies on a porch and basks in it, and with time, and returning strength, one does raffia work, one gardens or snowballs, according to the season, and plays quiet, then noisier games, and goes to school and keeps up one's grade in the classes maintained by the public school system in each home which cares for twenty-five or more children. In one home the children wear colored ribbons tied on their arms to show how much exercise their hearts can stand wisely. As they progress, the colors change; and the supervisor, watching a dozen or more children at play, can see at a glance when one goes beyond his restrictions. Trained nurses are in residence; visiting specialists come at regular intervals to measure and interpret progress. Perhaps one gets back "normal exercise tolerance." (By this Dr. St. Lawrence means the ability to run up three flights of stairs without calling forth an indignant protest from one's heart.) And in time, after weeks, months, perhaps a year, one is pronounced well enough to go back to home, school *and the clinic*. Often children in school in New York are sent off for short rests at the convalescent homes, with brilliant results in preventing breakdowns.

Most of these children get really well. At Burke Foundation, for example, there are records to show that 85 per cent of the 130 boys whom they have taken between the ages of ten and sixteen have gone back to remain steadily at work or school.

BUT perhaps, even with every care, that maimed heart can never be made strong enough to stand the rough and tumble which is required of most of the world. Its young possessor must be guided, so that he may choose a career in keeping with its limitations.

The Cardiac Vocational Guidance Committee of the Public Education Association has charge of all such work in the city, working with the classes in the schools, the State Bureau of Rehabilitation and the Institute for Crippled and Disabled Men. The work performed in the red brick building at 127th Street and Lexington Avenue, New York City, has shown what can be done in actually training young cardiacs to support themselves. This work, inaugurated by the vocational guidance department of the New York Heart Association, assisted by the cardiac clinics of the city has now been taken over by the Cardiac Committee of the Public Education Association which began its work in 1917.

There one sees, on entering a big pleasant room on the second floor, groups of young girls occupied at various tables. They talk and laugh and whisper among themselves, their fingers busy all the while at some sort of work; now and then one gets up from the table and "visits" with another group of girls at another table, or goes to ask the teacher a question; they are all smiling, all happy, and it would be beyond anyone's power of observation to see in them anything but a group of normal girls, in normal health, busy and happy in a pleasant school-room. "But," I whispered to my escort as I looked at them, "these girls can't be sick! They're just as healthy looking as any children can be!"

She smiled. "I'm glad to hear you say that," she said, "because that's what we are trying to make them. We're giving them just the sort of treatment they need, and it has brought them along until they seem, as you say, perfectly normal; but they are all 'heart' patients and if this care were relaxed or discontinued they *would* be sick—very sick indeed."

And that is really all there is to it. It's just as simple as that—a big comfortable room where girls are taught dressmaking and millinery and the making of dress novelties; and similar rooms where boys of the same age are taught draughtsmanship, elementary architectural design, woodwork, and jewelry box-making. Occupations which require no heavy physical exertion; and a supervision which allows no child to excite his heart unduly. No different, outwardly, from any first-class schoolroom.

I wondered how it was that these children had been found, how they had been hunted out of the million homes in the great city. How had they learned that such an opportunity for better health and longer life was open to them?

That had been comparatively simple, too, it appeared. In New York no employer is allowed to hire children of this school age (14 to 16) unless he can show to the inspector the child's "working papers," properly signed by the school authorities. To thousands of families the assistance of the child at work is of vital importance; and when the child with organic heart trouble was reported, through the medical examination which must be taken to obtain the "working papers," as being ineligible for employment anywhere, it was a bitter blow to the family as well as to the child.

The names of such children are, of course, on file in the records of the public schools; the names of children who have filed with the Department of Education a physician's certificate excusing the patient from school for thirty days or more are also available.

When, three years ago, the New York Heart Association began its work of giving vocational guidance to cardiac children, the problem of reaching these children was solved by the cooperation of the Board of Education, which supplied

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the association each week with these two lists, the "working-paper rejections" and the "suspense register." Letters requesting that the parent send the child to the offices of the Heart Association were sent out, and, if no response was received within a reasonable length of time, a visit to the family was made.

"Heart disease," says Sophie Boucher, who took charge of this work for the Association, "is so much more subtle than measles or pneumonia or any more assertive malady that parents are fearful of the consequences when the child is pronounced a cardiac, and are willing to co-operate to the fullest extent."

The plan usually followed is to urge the child to attend one of the cardiac clinics in the city, at which his ailment is fully diagnosed; and a blue card on which his cardiac condition is described minutely is signed by the examining specialist and sent to the Vocational Department of the Heart Association. There, after further examination and interviews with the child and his parents, a plan for the further education of the child is arranged.

The girls' classes in dressmaking, millinery and novelty work were opened on January 1, 1923. Since then more than one hundred girls have been enrolled in them. The classes proved so successful that on February 1, 1924, the classes for boys were opened. On August 1 of this year all the classes were taken over by the Public Education Association.

It is planned that each child shall continue at the school for two years. So far, only a few girls have completed this training and have been pronounced physically fit to undertake work in shops where they will earn money of their own and be assured of work which will not overtax the strength of their hearts. But all those upon whom lies the necessity of contributing to their own support already see a brighter future before them.

But there were some children to whom Dr. Burton Lattin, in medical charge of the classes, was compelled reluctantly to refuse admission. These were children whose heart affections were unusually severe, and whose parents, nevertheless, expected them to complete the courses of study and to go to work just as normal persons might do. He also refused to accept children whose heart trouble was functional, believing that such children could attend the ordinary schools without harm.

Again let us sum up the simple régime of the cardiac training school in the words of Miss Boucher:

> No class room is more than two floors above street level; and the use of the elevators, even to reach the second floor, is urged. After reaching the class room, the children do not go off the one floor all day. A hot luncheon is served, at a nominal cost. A trained nurse is in attendance each morning, who gives occasional talks on health and general hygiene; and special exercises are given by an expert.
>
> Constant cooperation with the cardiac clinics and with Dr. Lattin brought gratifying results along the line of rehabilitation of the children's health. The children are gaining in weight and show marked physical improvement. In some cases it has been found safe to cut the visits to the clinics down from once a week to once in six months.
>
> And yet the emphasis of this trade school is laid more particularly upon the preparation for industry, rather than upon the physical disability of the students. . . . This very emphasis has produced a marked mental benefit to the parents as well as to the children themselves.

Photograph from New York Heart Association

Sun and fresh air and quiet for tired hearts

And all these precautions to teach children that their hearts are different, to tell them what they may dare and what is foolhardy—will this make a lot of timid pessimists?

Not at all, say the doctors who have watched them.

On the contrary, it has made them cheerful. It is a philosophy anyone may understand. When illness whose nature you do not understand grips you and cries out, "There is no usefulness, none, left in life for you," then fear seizes you and you tremble, believing the liar; but when you have held a lamp to the face of this taunting illness and find that he cannot *wholly* check you, then you are elated. You rearrange your life. You make something new out of what you have. You mock the ghost who once frightened you.

So much for the child whose heart has been battered and damaged, but who yet can be salvaged and helped to a useful and happy life. But, better still, spare the illness, avoid the handicap. The doctors who studied those hundreds of little patients from the New York public schools crystallized their experience in a few sentences which must be engraved in the memories of parents if villain heart disease is to be conquered. Observing that in almost every case these children's hearts had been damaged when they were still runabouts, before they reached school, the doctors warn insistently against the dangerous infections of childhood—scarlet fever, diphtheria, rheumatism, sore throats, bad teeth and diseased tonsils and against fatigue, "one of the commonest preliminaries to severe cardiac damage." They demand: "More careful supervision; providing wholesome food; protection of the child against exposure to wet and cold; longer convalescent periods for tonsillitis and other infections; and frequent examinations of children by a physician, particularly after acute illness, in order that defects may be avoided, and if developed, may be recognized and cared for at the earliest moment."

TO sum up: Since heart disease "is the cause of the greatest number of deaths and disabilities in the United States" and since it first appears in the child:

It is with the child that the greatest concern of the physician and the social worker must rest. It is the heart of the child that must be guarded, "or ever the silver cord be loosed, or the golden bowl be broken, or the pitcher be broken at the fountain, or the wheel broken at the cistern."

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Photograph by Lewis W. Hine

PETER FLANDERS

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Peter Flanders

By MARY ROSS

EVEN a chance puff of city air was shut out from the room that July night. The windows were closed; the lace curtains drawn. Gaslight and candles lit the dark figures sobbing beside the child in the bed.

His head propped high on the pillows, Peter Flanders was fighting for breath with the last atom of strength left in his thin little body. Unless you looked carefully you might not have realized how thin that body was, for his flushed face was swollen beyond the natural chubbiness of four years, as he quivered with quick sharp gasps. Rheumatism had racked him mercilessly in joint and muscles; then it had clutched his heart. You know that rheumatism means one must avoid cold and drafts, and so his mother dressed him in a suit of underwear beneath his pajamas, and piled the quilts over him, trying to guard that faint glimmer of life, to hold at bay that unseen enemy whose presence filled the stiffling room.

She had met that enemy before when he took Peter's father, leaving her with the two children to feed by long days of scrubbing "out." And now, when Peter's life was flickering like the candles which the neighbors had brought in, she had thought back to those brighter days before she married, when she did housework in the fine home of a great doctor, and she sent word to him.

He couldn't come; but he sent a friend skilled in the care of children who swept into that tenement room like the sea breeze for which the whole city waited. Out with the weeping neighbors; up with the windows, off with the weight of blankets and clothing in which clumsy, tender hands had wrapped the hardly conscious child.

Morphine, digitalis—the sharp stab of a hypodermic needle—was there still enough strength left in that little body to rally to meet the help they brought?

"It was like holding a little fluttering bird in your hand," said the doctor who tells the story. "You hardly knew whether you had him or not. I certainly thought he was a gone goose."

But Peter didn't die that night, nor the next. That frantic little heart, beating twice to each second, slowed down a trifle, breath came without those terrifying sharp catches; he could call up the shadow of a smile.

"If we can pull him through," said the doctor cautiously, "you'll have to keep him in a glass case for the rest of his life." He wondered what a widow with two children could do for such a child, the kind one used to see wheeled about in a baby carriage at ten or twelve, helpless.

Peter's mother put her trust in the man who had done this apparent miracle. Hard enough to manage when you have not much to do with,—but an aunt helped when she had to be working away from home, and the doctor's every direction was followed. Country care for a time, in a convalescent home, then good food, rest, avoiding cold and wet and other people who were sick, visits to the doctor with a religious regularity, and Peter's heart pumped more slowly and more effectively as his legs got plumper and his cheeks pinker. He was enrolled in the children's clinic at St. Luke's Hospital in New York City, and then in that first-of-all cardiac clinic for children opened in 1916.

ON the page opposite, meet Peter Flanders today, ten years after that July night, a regular boy.

Peter still goes to the clinic.

"Once a cardiac, always a patient," says the doctor.

But that is merely a friendly sort of a call upon those who have directed his life for the past ten years. That scar with its murmur is still there in his heart, not to be neglected. A clinic visit does not mean that the doctors think you sick, but they aren't going to let you get sick. There are many other children with records as dramatic as Peter's who go to the clinic. In fact the best thing about this story, aside from its showing how near one little boy could come to death and still recover, is that it is merely one of the first of its kind. There are others like it whenever one can bring together a doctor who understands children's hearts, a social worker to help him, and mothers willing to follow his advice.

And between clinics: Peter is the pride of his mother, and the whole calendar of his saints—the doctor, St. Luke's clinic, and the boys and teachers of St. Joseph's Academy where he graduated last June. The clinic records tell:

In 1920 he spent three weeks in the hospital, not because of his heart but for some obscure condition which may have been typhoid. That same year, however, he was swimming, playing football and running races.

April, 1922: Peter won a watch in a skating contest.

June, 1922: Peter was second in the high jump.

November, 1922: Scarlet fever, but heart condition same as before. (Scarlet fever, when it is not treated with scrupulous care, often cripples the hearts of children.)

March, 1924: Peter is first in his class in scholarship. Plays basketball.

August last he visited the clinic again, bringing his medals by request. There was the basketball medal, the high jump medal, the medal for scholarship. He is to enter high school and may play football. He ran around Morningside Park—110th Street to 123rd Street, across two blocks and back in 12½ minutes.

"Peter says he never has to think of his heart at all," writes the social worker, but that is a victory possible only because he has been taught to think until action becomes almost instinctive, and he *stops at once* when he begins to feel winded; and because by gradually increasing exercise, painstakingly supervised, he has reached a power of safe accomplishment which well may make even a heart specialist gasp.

The long road that Peter has traveled is summed up in one terse jubilant comment scrawled by the doctor himself:

"Picked out of the coffin," it reads, "and in this case it was a helluva job."

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Saving Hearts In Your Town

By WILLIAM H. ROBEY, M. D.

In this attack on the diseases of the heart—the next major offensive against the preventable causes of death—the individual patient must fight stoutly on his own behalf. But he can not fight alone. Dr. Robey here gives a plan of campaign which puts the whole community back of the attack and holds out a lively hope of eventual success in the broader effort to reduce needless mortality and prolong the span of life.

NOT until physicians have shown a keen interest in the problem of cardiac disease and have brought to the attention of the lay public by forceful words and active work its many causes and dangers, will the need for vigorous action be sufficiently felt in a community.

If the writer may judge from the replies which he has received from medical colleagues in various parts of the country, very little is being done outside of the largest cities to arouse public interest. In New England at such places as Portland, Springfield and New Haven heart disease is treated in the hospitals, but there is no publicity nor organized attack. In the far South rheumatic fever and its cardiac sequelae are not nearly so prevalent as in the North and therefore the spur has been lacking. It is, however, very clear that any disease, studied intensively, develops interests and sidelights before totally unsuspected. Even if the physicians of a community believe that this incidence of heart disease in their section is negligible, they would probably be surprised at the results of a group study. In the great medical centers the work has grown tremendously in only a few years.

In Boston, three years ago, the Association of Cardiac Clinics was formed by eight physicians, all interested in the study of heart disease and connected with the staffs of four hospitals. Four meetings a year were held in hospital amphitheaters or public halls and were advertised in the medical journals and the public press. Technical and scientific aspects of the question were avoided; the papers dealt more with the school and community interests.

The Massachusetts General Hospital was the first to organize a public heart clinic, but now the Peter Bent Brigham, the Boston City Hospital and the Children's Hospital have their clinics. The Social Service Department of the Massachusetts General Hospital, under the able direction of Ida M. Cannon, has greatly aided the work of the clinic.* The thoroughness of this work, however, should not discourage others from more modest beginnings. The other hospitals in Boston are all developing careful systems of follow up through their social service departments.

Any public hospital in a city or town or health center can do the same. It merely needs a nucleus to develop the project. Expensive instruments and finer methods of diagnosis, while of great value, are not required in 90 per cent of the cases of declared heart disease and are quite unnecessary in a clinic where the detection of focal causes, potential and early heart disease is the primary object.

Doctors, social workers and nurses cannot combat heart disease alone; steps must be taken in every community to interest the public. Without the help of the people, their interest and financial support, the work cannot progress as it should. In any community association for the prevention and relief of heart disease, a large proportion of the membership should be drawn from the laity. How can this be brought about?

A few persons should start a clinic in the free hospital or dispensary. The clinic should be held once or twice a week and should be devoted exclusively to the study of heart problems. Lectures can be given before church and club organizations, parent's associations, nurse's clubs, and members of the Y. W. C. A. and the Y. M. C. A. For several years lectures have been given in the halls of the Boston public schools to the parents of the school children. Talks have also been given to school physicians and lectures by qualified physicians and social workers have been broadcasted by radio. Editors of daily and weekly papers in cooperation with editors of medical journals are ready to print news items of an instructive nature and this summer the Associated Press decided to issue a biweekly letter including such medical information as would help the public to a more intelligent understanding of disease.

A Local Program

THE general outline of a program for a local heart association, or the objects which any general volunteer or official health agency should attempt in order to make progress in preventing heart disease has been stated in general terms by Dr. Haven Emerson, president of the New York Heart Association, as:

1. Facilities for special diagnosis of suspected or established heart disease, for medical and nursing supervision of those unable to pay for private care.
2. Provision for convalescent and chronic cardiac cripples, and summer camps for cardiac children. Office of information and education.
3. Vocational guidance for school children with heart defects and for cardiac wage earners.
4. Research into the natural history of heart disease, its epidemiology, occupational causes, and the costs and results of preventive work.

The opportunity for correct diagnosis not only of the presence of cardiac disease, but of its causes, is the first essential. This means that the physicians of the country must have greater knowledge of those factors which make

* A recent intensive study made by Mrs. B. S. Russell of that department, and the first part of which is published in the Boston Medical and Surgical Journal for September 25, 1924, should be read by all persons who are giving any consideration to this subject.

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up the diagnosis of organic disease. Beyond this, some unanimity of opinion must be reached so that the profession as a whole will be alive to the several advance agents in cardiac disease.

It would be worth while for any community to make it possible for certain physicians who have shown a definite interest in heart disease to spend some time in the cardiac clinic of a large hospital for the purpose of studying prevention, relief, management and clinic methods. No small part of this work would be the keeping of careful records from which enlightening data could be subsequently published. One of the most helpful results of the combined attention of a group of devotees to the heart problem has been the classification of heart patients for the convenience of bringing each patient under appropriate care. That classification, now widely in use, is given in the box, page 140.

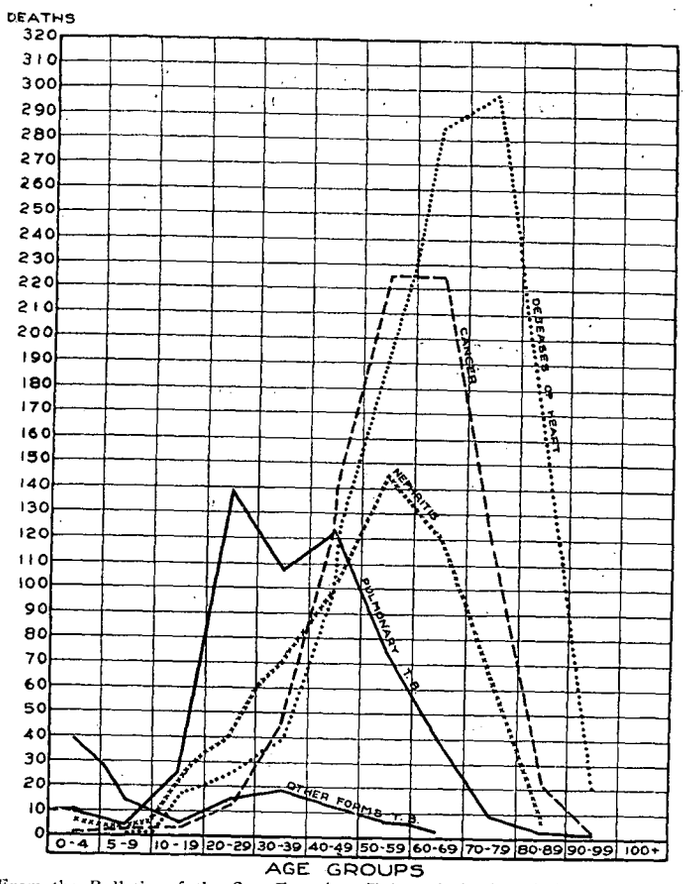
While the recently organized national organization, the American Heart Association, will exert a universal influence, communities must largely follow the leadership of the local medical groups. State and county medical societies should have sections in heart disease where physicians may bring their heart problems and by evoking free discussion, clear up puzzling questions. Persons skilled in the various phases of etiology, diagnosis, convalescence, chronic care and social service could be invited to address section meetings. If it is not possible nor feasible to have a section devoted to the subject, at least one meeting a year could be given to a symposium. Small local medical societies are already inviting cardiologists to read papers and the discussions which follow are very stimulating.

Prevention in Childhood

EVERY child in the community should be regarded as a case of potential heart disease and a thorough search made for those centers of infection—such as diseased tonsils or carious teeth—which, if allowed to continue, may lead to heart involvement. The prevalence of rheumatic heart disease, especially in the northern part of the United States, is such that about half the deaths from organic heart disease are caused by the effect of diseases of the rheumatic group. There is also little doubt but that many of the cases of cardiac degeneration declaring themselves in middle life have their origin in childhood. While much can be done for organic heart affections, all must realize that once the disease is established, its victim becomes limited in health and efficiency. Eradicate the causes of cardiac disability and you reduce the suffering and economic waste which in many cases precede the inevitable result.

The Heart Clinic

MANY of the large cities such as New York, Chicago and Philadelphia have followed the same course as that described above in the case of Boston. Clinics devoted solely to heart study have been established and the published reports of their observations have given more definite information on diagnosis, treatment and end results than have been obtained before. Smaller cities and towns can do likewise wherever there is a hospital clinic. Community health centers can be established wherever the towns are too small to maintain individual clinics. The nucleus would be small, but it is surprising how the attendance increases as soon as the public learns that there are physicians particularly interested in a special subject.



From the Bulletin of the San Francisco Tuberculosis Association

The Four Leading Causes of Death in San Francisco in 1921 by Age Groups—From U. S. Mortality Reports

In one of a series of studies in which the New York Heart Association has blocked out the campaign against heart disese, it gives the minimum requirements accepted for membership in its committee on cardiac clinics:

For chief of clinic, a physician of sufficient experience with patients having heart disease to meet the approval of the Association's executive committee.

At least one physician to every fifty active patients.

At least an affiliation with a hospital ward service to which cardiac cases are admitted at need.

At least one social service worker connected with the clinic. One social worker can care for not more than one hundred active cases.

A waiting room and separate rooms or cubicles for the examination of men and women patients in adult clinics. There should be an examining table in each room, at least one pair of scales, and a sphygmomanometer in the clinic.

Records, easy of access, of the patient's history, physical examination, treatment and follow-up notes, including social service activities.

Only patients with organic or potential heart disease should be enrolled, and no patient should be carried on the active list of a clinic who has not reported in six months. On admission each patient should have a complete physical examination, with such later examinations as are necessary. The clinic should cooperate with the schools, social agencies, and day nurseries, etc., by the diagnosis and treatment of referred cases, and should maintain close cooperation with the agencies providing convalescent and country care. It is desirable in a large city that cases should be referred only from a specified district, by agreement, and that, so far as possible, cases should be referred by appointment in such numbers and at such hours as may be of the greatest benefit.

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A Working Classification of Heart Patients

CLASS I

Patients with *organic heart disease* who are *able to carry on their habitual physical activity.*

CLASS II

Patients with *organic heart disease* who are *able to carry on diminished physical activity.*

A. Slightly decreased
B. Greatly decreased

CLASS III

Patients with *organic heart disease* who are *unable to carry on any physical activity.*

CLASS IV

Patients with *possible heart disease.* Patients who have abnormal signs in the heart, but in whom the general picture, or character of the *physical signs* leads us to believe that they do not originate from cardiac disease.

CLASS V

Patients with *potential heart disease.* Patients who do not have any suggestion of cardiac disease, but who are suffering from an *infectious condition* which may be accompanied by such disease; e. g., rheumatic fever, tonsillitis, chorea, syphilis, etc.

Without the social worker it is impossible for the cardiologist to keep in touch with patients. From her he learns under what conditions the cardiac lives and whether the instructions are being carried out. Patients who are dilatory in returning to the clinic are notified and if they fail to appear, they are visited and the reasons ascertained. In small communities a visiting nurse may supplement the social worker if she is trained in the care of cardiacs. A community in which a cardiac clinic is to be established should send its social worker or nurse to a large cardiac clinic to study its methods. She should understand the directions which have been given in a case and the possibility of enforcing them.

Attacking the Causes

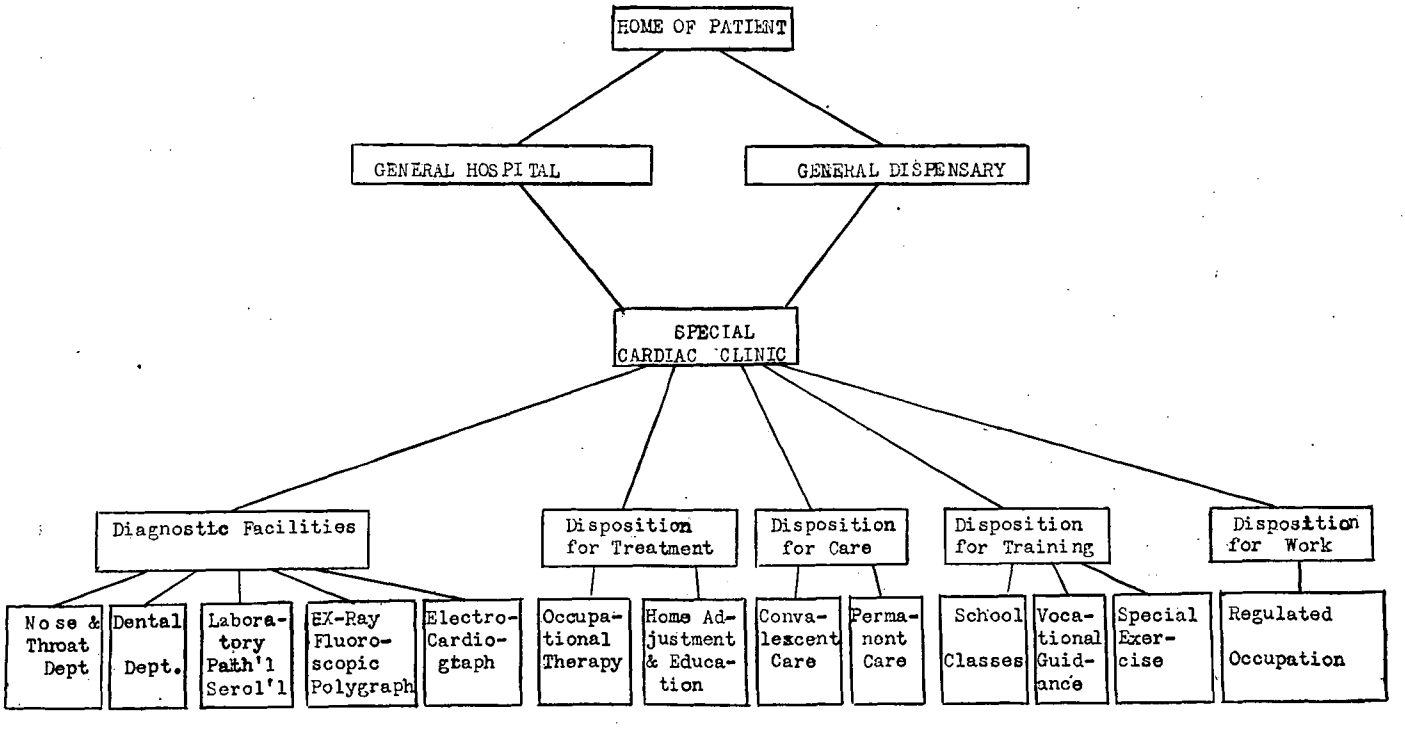
SCHOOL and visiting nurses should be familiar with the causes of heart disease and in an inspection of school children or other members of the cardiac's family, should search for enlarged or infected tonsils, defective teeth, a history of rheumatic pains, growing pains or chorea. All of these factors must be inquired about, since even intelligent parents, not understanding their significance, may allow them to pass unheeded. Many still think growing pains a natural accompaniment of childhood and chorea a nervous affection in no way related to heart disease. When the writer was a medical student, and for some time subsequently, chorea was regarded as a nervous disease and was treated as such and only in recent years has it ceased to be an entity. Now it is looked upon as a part of the symptom complex of rheumatic fever, the effect upon the nervous systems of the toxins of acute rheumatism. A child with even slight involuntary twitchings should be thoroughly inspected for the foci of infection.

Janeway, in his Shattuck lecture in 1916, expressed his doubt of the bacterial agents which have been acclaimed as the cause of rheumatic fever, but he did hold out hope of prophylaxis by a study of the portal of entry. He did not feel that removal of the tonsils was a preventive panacea, but he did not allow these doubts to prevent the patient from receiving what benefit the operation might give. Dr. William St. Lawrence* studied the effect of tonsillectomy on the recurrence of acute rheumatic fever and chorea in a group of ninety-four children, and concluded that tonsillectomy seemed to be the most important measure at present available for the prevention of acute rheumatic fever and allied rheumatic affections.

Such testimony is comforting, but I am satisfied from an experience of more than twenty years that tonsillectomy has much to recommend it. I make this statement not as my "opinion" or my "belief" but from cases which I have actually followed. Tonsillectomy (*Continued on page* 165)

* Journal of the American Medical Association, October 16, 1920.

Plan of Organization for a Heart Clinic



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Peace Hath Her Victories

The Nations at Geneva Champion a New World

By CORNELIA STRATTON PARKER

"WE have arrived at the end of our labors. . . . Ladies and gentlemen, I declare closed the Fifth Session of the Assembly."

The first and last sentences of President Motta's address delivered just one hour ago. The thunder of applause, begun seated, and kept up and up, and continued as the delegates, the press, the crowded galleries rose to their feet in tribute to the little Swiss who had presided with such skill over a month and two days of history. In tribute to a personality, yes. And in the depth of every heart in the Salle de la Reformation there was something of ardor needing to find expression. We clapped and clapped for Motta, and we clapped and clapped because this day had been passed unanimously that document of modern documents, The Protocol for the Pacific Settlement of International Disputes. We were blessed who had the privilege of actual presence in Geneva during these rare days of internationalism put to one of its highest tests to date, we who heard with our own ears the great nations and the small with a new faith and, pray heaven, a justified idealism, champion a new future—a future only fools and God had dared to dream of a short month ago. We who had sat there in that Assembly Hall had heard the roll call this morning—"Afrique du Sud" —"Yes!"... "Albanie"—"Aye!"... "Empire Britanique" —"Aye!"... "Finland"—"Oui!"... "Inde,"... *"India"* —"Yes!". . . "Norvège"—"Oui!". . . "Venezuela"— "Oui!"... Forty-seven ayes—a solid vote for a new world.

We who have spent this last September in Geneva—pardon us if we see visions and dream dreams, for we have lived through—Motta, Italian-Swiss that he is, so named it an hour ago—"a collective effort of exceptional grandeur." The spell is still on us, and will last until little by little we mingle with people who have not lived this September in Geneva—people perhaps who have merely skimmed garbled newspaper reports and who never caught a spark of the new hope which fired—fires—those of us who were here to see and hear and sense directly the struggles, the sacrifices, the passions, the determination that would not abate. Scoff, you skeptics; smile, you cynics; jeer, you who scorn to travel the struggling world's way—our answer is that we are humbly grateful for the lump in our throat this second of October, 1924 (and great statesmen had lumps in theirs)—grateful that we could forget for one day that our country had taken, was taking, no part in this collective effort of exceptional grandeur, and that for this one day we were a throbbing atom of the trials and disappointments, the unflagging determination and the ultimate glorious success of this Fifth Assembly of the League of Nations.

Ultimate—ultimate as far as what Geneva can accomplish. The Protocol for the Pacific Settlement of International Disputes now goes out into a world which was not in Geneva this September, and that world will have the final judgment. I think every man and woman who has lived through these days in Geneva, will feel that, as far as in the power of each lies, prime ministers to doorkeepers, it is for us to see that the world at large catch something of the spark we all caught; senses, if ever so slightly, something of the atmosphere of Geneva this September, apparent to the most callous.

You who were not here in Geneva this last month, day in, day out at assembly meetings, commission meetings, conferences, you may shrug your shoulders and say, "All very well for a month. In another month the world will be back where it was before. What is a protocol? A drop in a sea of post war animosity."

BUT the cause for hope is just that it would have been impossible to pass such a protocol without a new spirit abroad in the world. The protocol is certainly not a perfect, final document. It is easily the best thing of its kind ever done. The new spirit enabling its creation will no doubt have its ebbs and flows. If it could be held indefinitely at the high mark of September, 1924, in Geneva, a protocol would scarcely be necessary, since with such a united determination for peace and such a desire for mutual understanding and cooperation as here evidenced itself, wars would be rather unthinkable and anachronistic. Alas, a mere handful came under the direct spell of Geneva—though a mighty important and influential handful, when you think of the prime ministers, and ex-prime ministers, and foreign ministers, and ministers plenipotentiary, and ambassadors, and members of parliament and all and all we had amongst us. In each country from whence they came there are thousands, if not millions, yearning for peace. To each country whither they return these league delegates will carry something of the heightened internationalism, the spirit of the sacrifices, aspirations, zealous endeavors, necessary compromises, which could eventuate in a Protocol for the Peaceful Settlement of International Disputes at all acceptable in the year 1924. And if, even so, the protocol fail of sufficient support? We can still rejoice that even in 1924 the world—part of the world—was capable of reaches high enough to enable such a product of internationalism to get on its way.

(And, ah me, there will be the doughty Perfectionist to take the rostrum and thunder forth that since Article X, Paragraph n, has the word *may* instead of *can* it's a pretty poor new spirit around about and what we need is a new world altogether, fashioned after designs to be furnished on request or otherwise by the Perfectionist himself, without collaboration.)

Yes, there are deeper roots to the new spirit than just one month of the League of Nations. Back in the highways and byways of two great countries that spirit was taking its own time, with the world at large scarcely cognizant

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of its existence until two new leaders, not only new to their jobs, but new in type, stood out before us and the silly souls who will insist upon taking heart now and then said "It bodes well." The others said, "Nothing bodes anything," and wrote editorials to show what idiots are folk who possess a grain of cheerfulness.

MACDONALD and Herriot and then the London Conference, and then came Monday, September 1, in Geneva. International conferences have become part and parcel of the world's machinery of action. Whether they accomplish little or much the very idea that they take place, that men and women of different nationalities come together in recognition of the internationalism of twentieth century civilization, is cause for deep congratulation. The yearly Assembly of the League of Nations is more than a passing show sufficient unto the days thereof. It met last year. It will meet again next year. In the meantime every day of the year its work goes on—investigations, conferences, meetings, council, secretariat, Permanent Court of International Justice, Permanent Advisory Commission on Armaments, International Labor Office, and various and sundry agencies whose duty it is to carry out the resolutions and recommendations of the assembly in such matters as opium, communications and transit, economics and finance, traffic in women and children, intellectual cooperation, mandates, minorities, refugees, health. It is no sudden whim of a prime minister, no international jag of momentary emotionalism. Someone, an American of importance, said pompously to Manley Hudson, "Of course you know I'm not pro-league." "Are you pro-Mont Blanc?" he was asked.

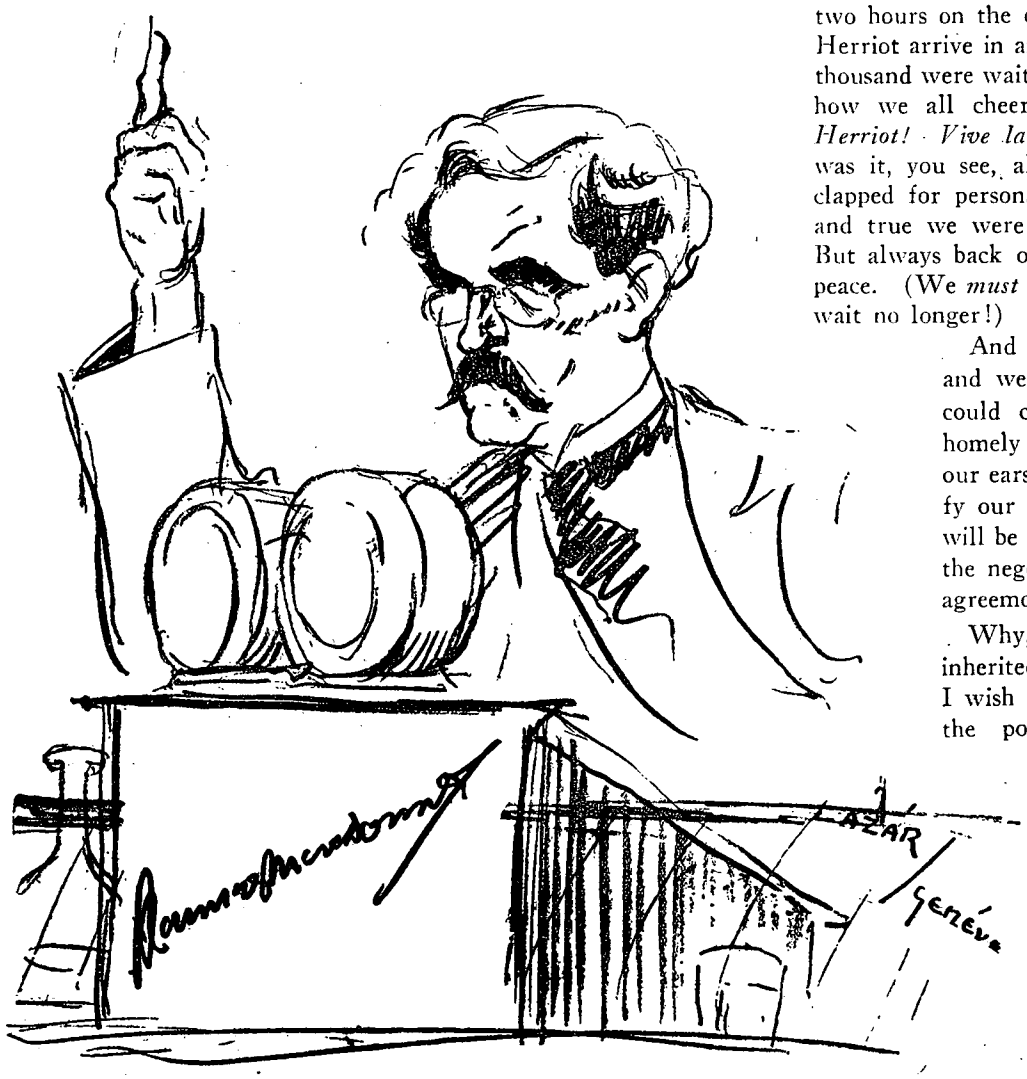
LAST year Corfu lent jagged color to the assembly and kept great and small anxious until the very end. This year—there'll be no high lights this year, thank goodness. At the same time, nothing particularly interesting. We'll all stay until MacDonald and Herriot come (is it really true they're coming? Then we'll do Italy and sail on the fourteenth.

MacDonald and Herriot did come. Motta, four days earlier, had said: "Now, at the opening of this assembly, I gladly welcome the impulse given by the recent London conference to the principle of compulsory arbitration. Upon this pregnant principle, closely bound up as it is with the vital question of military disarmament, depends the future of peace, based on right."

On Thursday, September 4, Ramsay MacDonald mounted the platform of the assembly, greatest of the statesmen ever to speak before the league. The wonder of it that the Salle de la Reformation, built for no such throngs, for no such bursting enthusiasm, hung together for those two great days, for Macdonald and for Herriot. (And had we not stood two hours on the curbstone the night before to see Herriot arrive in an automobile from Lyons? Five thousand were waiting with us, said the papers. And how we all cheered when he came. *"Herriot! Herriot! Vive la Paix! Vive la Paix!"* That was it, you see, all September. We cheered, we clapped for personalities—and, ah, the strong men and true we were given the chance to cheer for! But always back of that, *la Paix*—Peace—give us peace. (We *must* have peace, and we can and will wait no longer!)

And now there stood MacDonald, and we clapped, we thousands, till we could clap no more. How good the homely plain things he said sounded to our ears. ". . . If the future is to justify our confidence and our happiness, it will be owing solely to the deliberations, the negotiations, and the work and the agreement of the League of Nations. . . .

Why, my friends, none of us have inherited a tilled soil prepared for peace. I wish we had. Our position rather is the position of the early pioneers who went to Australia, to Africa, to the very remote parts of the world to find that within an inch of the landing place where they set foot they had to blaze the trail, they had to fell the forest, they had to dig the ground in front of them. They toiled and toiled and toiled, not for immediate harvest, but in order to make great preparations; as a result of that preparatory toil, you are shown,



Cartoons from L'Europe Nouvelle

Ramsay MacDonald

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when you now go to these regions, their smiling and their peaceful fields. Such is our work. Such is the work of the League of Nations. . . . This League will remain inefficient unless it includes not only the threatened nations but the threatening or the so-called threatening nations . . . Germany cannot remain outside the League of Nations. . . ." And later, "I am in favor of arbitration.

Edouard Herriot

I see nothing else for the world. If we cannot devise a proper system of arbitration, then do not let us fool ourselves that we are going to have peace."

We were indeed rich. Thursday we cheered for MacDonald, Friday for that other great man of the hour, Herriot. And Herriot said, ". . . We earnestly hope, therefore, that one of the acts of the Fifth Assembly will be to accept the principle of arbitration . . . henceforth the aggressor will be the party which refuses arbitration." (The lasting influence of the Shotwell plan already beginning to tell.)

This year we had the prime minister habit. Friday afternoon it was Theunis of Belgium—three in two days. After Theunis came Benés of Czechoslovakia, Benés, destined to play with Politis of Greece the great rôle in this Fifth Assembly—reconcilers, men head and shoulders above the average in clear, keen constructive thinking.

Came Saturday afternoon. President Motta read the joint resolutions of the French and British delegations: "The Assembly, noting the declaration of the governments represented, observes with satisfaction that they contain the basis of an understanding tending to establish a secure peace —"Decides as follows:" in a few words, to hand over to the First and Third Committees the problem of reduction of armaments, security and arbitration.

There followed speeches by both MacDonald and Herriot, two great prime ministers of the two most influential countries in the league speaking on the same afternoon to the delegates of half a hundred nations (and almost as many nationalities again in the packed galleries.)

In the course of his speech MacDonald said: "I see in front of me an old master though a new friend, M. Léon Bourgeois. I was young and my hair was black when M. Léon Bourgeios, honoring his own name and the name of the nation to which he belonged, proposed, at an international conference, that the question of arbitration should be scientifically discussed.

"Here are we assembled today. The years have gone, disputes have accumulated, wars have been fought, millions of precious lives have been sacrificed, thousands of millions of treasure have been dissipated, and my friend, grown old and grey in the cause of international peace, still sits considering this question in its very first stages. It is a disgrace to us all.

"Sir, if this meeting of the assembly could only be recorded in the pages of history as the assembly which for the first time gave not only lip service to peace but brain service, it would be distinguished above all the assemblies of mankind that have met hitherto."

And Herriot: ". . . For in order to achieve a task so great as that which now awaits its conclusion, the intellect, however it may strive, is not enough. You will agree, my dear colleagues, that we shall need a robust faith. Nothing can be done in any sphere without great faith. Without this belief and the will which is born of it, without the determination to triumph over all obstacles, to sweep aside objections. Without this ambition and this resolve we can never attain the goal."

With that the First (legal and constitutional questions) and Third (disarmament) Committees got down to work. For four years now the Third Committee had busied itself with the problem of disarmament. The fact not to be lost sight of is that this year the discussions were on another plane. MacDonald, Herriot, Dawes Plan? Something had made a difference. Those who know said "an enormous difference." The earlier attitude of obstruction, suspicion,

Lord Parmoor

was removed—no Corfu this year, for one thing, and the Ruhr played no rôle. Discussions were freer, franker, and, for that, differences of opinion more marked. In earlier years each nation looked at the problem of security from its own limited horizon. In 1924 it did seem as if the idea of a community of nations was taking root, and that people dreamed earnestly enough of universal peace and security to have it affect their words and deeds. From the early goal of disarmament back in the first stages of the league, to a linking of disarmament with security, to, in 1924, the protocol, where the Great Three found their official embodiment, Arbitration, Security and Disarmament.

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The League at Work

Committee I worked on the question of Legal Assistance for the Poor and the development of International Law.

Committee II (technical organizations) busied itself with the reconstruction of Austria, and this year Hungary as well, the work of the Health Committee, and the Economic Committee (especially the equitable treatment of Commerce), intellectual cooperation, problems of communications and transit, the matter of a loan of £10,000,000 for refugees in Greece.

Committee III (reduction of armaments) besides its momentous work on the protocol, had three sub-committees working respectively on the subjects of control of traffic in arms and munitions, private manufacture of arms and munitions; chemical warfare, limitation of expenditure in armaments, military year book, regional agreements; and the third, limitation of naval armaments.

Committee IV (budget and finance) dealt with contributions, the buliding of a new conference hall, pensions for the staff of the Permanent Court of International Justice, the reorganization of the Latin-American Bureau.

Committee V (social and general questions) had a full agenda: opium, refugees (Mrs. Swanwick, English delegate, in her speech before the assembly as rapporteur on the subject of refugees, referred to them as "our corporate failure to make the world liveable for its inhabitants." Too, she took up cudgels against those bristling souls who claim the League of Nations is "merely humanitarian." Suppose it was? In other words "merely" for the welfare of the human race.) The Fifth Committee discussed also closer municipal relations, an International Federation for Mutual Assistance in the Relief of Peoples overtaken by Disaster (a comprehensive scheme of Signor Ciraola, President of the Italian Red Cross), the protection of women and children in the Near East, traffic in women and children, child welfare. Resolutions on all these social questions were adopted by the Fifth Assembly.

Committee VI (political questions) discussed the highly important and far reaching problem of the mandated areas, slavery, the situation in Georgia (the French, British and Belgian delegations submitted a proposal to the effect that the council should follow attentively the course of events "in this part of the world" with a view toward helping restore normal conditions), and lastly the question of the admission of San Domingo to the League. San Domingo was admitted, making now fifty-five state members.

In addition to all and sundry, France gave the league an institute in Paris as headquarters for the work of the Committee on Intellectual Cooperation, and one million francs a year (fireworks of oratory pro and con). Italy presented the league with a foundation in Rome and one million lire a year towards an international institute for the unification of private law (oratory all pro, the cons gave up in advance. Last year at this time one gasped lest Italy and Greece be plunged in war, and this year there stood M. Seferiades of Greece on the rostrum thanking the Italian delegation in his best French. "The Greek nation will never forget that from a legal point of view there has always been the closest cooperation between Greece and Rome.")

ASKED Motta in his closing speech, "Has our attempt been too ambitious? Have we presumed upon our strength?" And he answered his own questions. "The moral seed that is sown is never wholly lost." The protocol may go down to defeat. It represents almost a mutation, if one can thus use the term, in internationalism. Perhaps the jump was too far ahead; there are the millions and millions affected by this tremendous factor who are not adept at jumping. They crawl, collectively, and like their pace. Physical pliability, adaptability, are the heritage of the human race, else we were not here, but when it comes to collective, spiritual adjustments we are apt to be a cumbersome lot. This idea of really doing away with war. . . .

It is true we "fought a war to end war." Every one of us has seen the grim joke of that. Overnight something has happened and perhaps we did fight a war to end war, and have won! "We," some of the grim joke remains.

Yet if the protocol does go down to defeat? For fifty thousand years at least no statesman has lived in a world evolved to the point where war was declared a crime and the aggressor a criminal, to be dealt with by a united world as such, and so firmly that no nation would lightly risk bringing upon itself such united punishment. Perhaps the Almighty means it will do us good to live in that old kind of world a few thousand years longer. If the protocol fails, our one small comfort will ever be that the representatives of forty-eight nations assembled together gave their consent to a new order, practical statesmen and politicians called "aye!" The dream was looked upon as a reality to strive for, not by a few isolated idealists, but by the assembled delegates, all of them men and women of much national responsibility, from the four corners—and in between—of the world.

And if the protocol fail, it was the great work of the Fifth Assembly, but it was not all. It meant unflagging labor for the Third Committee day and night, and subcommittees and smaller conferences. It was the biggest item on the agenda of the First Committee. Yet there was other business for the First Committee, and there were the second, fourth, fifth and sixth committees, meeting almost daily, and the health committee, not to mention the council itself. All of it ultimate disarmament—not a labor of the league which does not help toward spelling peace, but for the most part painstaking forming of the letters over years.

IT is three days now since the protocol was passed. The headlines of the New York Herald, Paris edition, read: "League Dealt Final Blow by Proceedings at Geneva." The New York Herald, Paris edition, and I do not seem to agree. Perhaps American papers are going to carry headlines like that and Americans will read and believe. I can only answer that of the people who were in Geneva, attending meetings, studying, listening, taking their information first hand, it was the consensus of opinion on all sides (except indeed of a certain type of American who thinks the league exists mainly to act in a way to please the United States of America) that this Fifth Assembly of the League of Nations marks a tremendous step forward, and that the protocol is the most courageous international document ever drawn up, and that it has been framed in all good faith, and that, accepted by the nations, it will practically insure international peace. And then, to quote the clear-minded Politis, the next great step is, by peaceful methods, to insure international justice.

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A Great Charter for Europe

By JAMES T. SHOTWELL

IN Survey Graphic for August, 1924, I described in a general way the work of the small American committee which had been concerned during the past winter with the problem of disarmament. That committee began originally with the idea of stating a program of disarmament which would embody primarily American principles and express American policies. As the work progressed, however, its program was changed. In view of the facts that America was not participating in any immediate effort at further disarmament, and that the League of Nations was concentrating upon this problem at the meeting of its Assembly in September, the committee made the basis of its study the problem as it would come up before the League of Nations rather than the distinctively American standpoint. At the same time, it tried to find a formula which might ultimately be acceptable to the United States so that if it should prove also acceptable to the League, there might be hope of the adherence of this country at a later date. The result was the so-called American Plan for Disarmament and National Security which was taken up by the Council of the League of Nations and became one of the chief bases of discussion in the Geneva Assembly.

Three members of the American committee attended the Assembly to explain the plan—General Bliss, David Hunter Miller and myself, and in view of the fact that so much of our plan was embodied in the protocol, it may be of interest to indicate the relative bearing of the two schemes. First, however, a word should be said about the methods employed in Geneva and the new spirit in negotiation which made possible so large a measure of success.

FROM the standpoint of procedure as well as of substance, the Fifth Assembly of the League marked a revolutionary break with the old diplomacy and the old state-system of Europe. The new democracy of the old world which has found voice in the labor government of Great Britain and the liberalism of France which on the eleventh of May last found expression in the cabinet of M. Herriot, were given power at a time when the conservative elements in both countries were rather relieved to be rid of the responsibility for a further continuance of their policies. The result was that Mr. MacDonald and M. Herriot were forced to win political success by an active instead of a passive policy. The negotiations at London showed this preoccupation with reference to the reparations problem; those at Geneva were the natural if not the inevitable consequence of the economic settlement, dealing with the other major problem—that of national security. The protocol of Geneva, unlike the Dawes plan, touches the very heart of continuing international relationships. It proclaims the revolutionary principle that war, aggressive war, is no longer permitted as a free prerogative of sovereignty and inaugurates a method of international cooperation to enforce peace. These things are fundamental; the world is just waking to their importance.

The success of the negotiations in Geneva—and that they were at least successful will be admitted by foes and friends alike—was largely due to the frank and open way in which they were carried on; and this in turn was due to some extent at least to the extreme frankness of Mr. MacDonald's opening speech. In it he laid forth the attitude of the Labor Party, not only toward the question of disarmament, but toward what he called certain failures of the league in the past, namely, the Upper Silesian settlement and other things. As one listened to his diplomatic *faux pas* —made deliberately—one realized how far removed the democratic governments of Europe were from the old-fashioned diplomacy. For a moment it was doubtful whether the brutal frankness of MacDonald had not made international relations more difficult instead of furthering them. The French even thought that his reference to the difficulty of ascertaining the responsibility for any war was a thinly veiled reference to the responsibilities for the war of 1914. Knowing that Mr. MacDonald had not been quite clear upon that point ten years ago, they were inclined to take this remark as meaning that he held that Germany had not been responsible for the World War. As this was just the moment when the German government was putting forth this claim, the incident began to loom up rather seriously, particularly as the whole speech was an uncompromising statement of the British point of view that sanctions were relatively unimportant compared with the agreement to arbitrate and disarm.

M. Herriot's speech in reply was awaited with great anxiety, for it was felt that upon it depended the possibility of any further negotiations between the two points of view: the continental European, represented by France, and that of the outlying states of the world, represented to a certain degree by the British. M. Herriot's speech under these circumstances was one of the most brilliant successes that history can record. His reply to Mr. MacDonald was in fact a constructive presentation of the idealism of France. He denounced war in the most passionate terms and committed his government to the principle of its outlawry. His personality as well is genial and winning, and as he proceeded with his statement, the case of France seemed hardly more than a further development of MacDonald's point of view, simply rendered more precise owing to the greater imminence of the danger of war in the case of a continental state. Starting from a common acceptance of the definition of aggression as the refusal to arbitrate—a definition based upon the American Plan—M. Herriot insisted that compulsory arbitration could not be treated separately from the problem of security and that in fact the three pillars of the temple of peace were compulsory arbitration, security, and disarmament. His insistence that these three factors should not be treated separately but form an indissoluble whole was accepted by the Fifth Assembly and was never lost sight of in the preparation of the Protocol.

It is impossible in a hurried survey of this kind to characterize in detail other leaders of national delegations at Geneva. Of the two *rapporteurs* of the technical commit-

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tees which drew up the protocol, M. Benés and M. Politis, the former is sufficiently known to Americans to call for no further comment here. M. Politis, the former Foreign Minister of Greece, however, has by his work at Geneva established himself as one of the foremost statesmen of Europe. His speech in the Assembly, answering the point of view of the British delegation, was admitted on all sides to be one of the greatest intellectual performances in recent political history. No description of the Fifth Assembly, however, would be complete without mention of M. Paul Boncour, the chairman of the French Committee of National Defense, whom M. Herriot left in charge of the French delegation. The future historian will find in the speech delivered by M. Boncour in the Third Committee on the tenth of September already an outline of the main points later embodied after much effort in the finished protocol. Observers at Geneva came to the conclusion that in M. Boncour not only France but Europe and the world have discovered a statesman of the first order.

The experienced diplomatic representatives of Italy, perhaps with memories of the Corfu incident in mind, were at first inclined to oppose the current which they saw setting in toward compulsory arbitration. But after Mr. Schanger had tested out the strength of the peace sentiment in a carefully prepared speech in the third committee, he and his colleagues were led to give their adherence to increasingly widespread opinion that a real turning point had come in European history, and that Italy should share in the glory of a great achievement.

Of the smaller powers, the Scandinavians and Holland were in the forefront of the forces for peace and disarmament. But this had been their traditional policy at Geneva. Much more notable was the support which came from the southeastern Europe which had hitherto felt that their security must rest upon more real guarantees than those of the league's idealism. When M. Marinkovitch, foreign minister of Jugoslavia, definitely committed his country to compulsory arbitration, he stated that it was the study of the American plan which had revealed a way by which that step could at last be taken. In this he was anticipated in his own country by the Croatian delegation to the Jugoslav parliament, which, under the leadership of M. Radich, had on August 31 unanimously declared their acceptance of the American plan. The result is that one may look to that very part of Europe where the World War began for a first sign of the adoption of a guarantee of peace.

THE little American committee was thrown into close contact with the various national delegations, and as a result of suggestions from those anxious to see the immediate adoption of a large part of its program, it recast the text of the Plan of Disarmament and Security so it might be better adjusted to the procedure of the league. The burden of the text was substantially unchanged, but instead of making the fulfilment of its proposals depend so largely upon a subsequent conference to be called next year, the Fifth Assembly itself was called upon to proceed with the declaration of the outlawry of war. This was done by dividing the text into two main divisions: one dealing primarily with compulsory arbitration and the outlawry of war, and the other with disarmament and separate treaties.

Under the caption Declaration Outlawing Aggressive War the first eleven clauses of the American text were thrown together and one additional clause added to them. This clause was the one which called for acceptance of the compulsory jurisdiction of the Permanent Court of International Justice (Article 36 of the Statute of the Court). This furnished a short, clear statement of the outlawry of aggressive war accompanied by a permissive economic sanction which left the aggressor uncertain as to the value of its treaty rights in other countries, but did not impose any military obligations of enforcement. The test of aggression was as before a refusal to accept summons to the Court for an alleged overt act or menace by overt act.

The Protocol of Geneva embodies the substance of this proposed declaration in detailed formulae. It develops the various methods by which arbitration or judicial settlement of disputes may be carried out and it leaves the council a large measure of activity as a mediating agent to prevent disputes reaching this far. All of this was implicit in the American proposals, but the details were omitted because of the fact that the United States was not a member of the league and, therefore, any mention of the other agencies which the league members might employ to prevent disputes would be out of place in any formal American document. At the same time, it was explained to the European statesmen that the American text was intended to be adjusted to the needs of the league in this way.

It was only in the matter of sanctions that the protocol distinctly departs from the plan finally embodied in the American Plan. This was to be expected, for members of the league have already taken an obligation in this regard. The enforcement of peace is implicit in the covenant: Article 16 states that all members of the league make common cause with a victim of aggression and assist it with financial and economic measures to enable it to withstand the attack of the covenant-breaking state. It states as well that the agressor shall "be deemed to have committed an act of war against all other members of the league." So long as the league would have to determine by unanimous action which state was the aggressor, his obligation of Article 16 could not be readily applied, since the presumed aggressor would most likely be among the judges of its own act. All of this was changed by the acceptance of the American definition of aggression, which automatically established who was the aggressor by the mere test of refusal to accept arbitration or judicial procedure. For then the obligations of Article 16 would also apply automatically.

As this was carrying the league over further than many governments were prepared to go toward a common action against war—any war—the obligation to enforce peace had to be modified and rendered less rigidly uniform. This was done by stating that while each state would meet its obligations "loyally and effectively in support of the Covenant of the League," in resisting any act of aggression it could itself determine to what degree and in what ways it would cooperate in enforcing peace. Article 11 of the protocol, which deals with sanctions, distinctly says that "geographical position and the particular situation of the different states as regards armaments" furnish varying criteria by which the governments themselves shall interpret the degree of their obligations. This express qualification was inserted at the demand of the Scandinavian states, which have been throughout all the debates of the League of Nations uniformly insistent upon proceeding at once to disarmament and pacific policies, but like most pacifists, fear that the enforcement of peace may itself develop into ag-

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gression. Moreover they have been getting rid of their own armaments, without waiting for common action, and do not wish to be obliged to participate in any form of enforcement which would oblige them to retain instead of reduce their armies and navies.

THIS brings us to the heart of the whole problem of America's attitude towards the protocol. If we admit that international peace cannot be established without national security—and this must be admitted by all thinking students of public affairs—then how can that security be safeguarded without adequate means of defense? The answer of continental Europe is to make the problem of security—which is at the same time the problem of peace—a matter of common international interest. War is a plague which must be stamped out by a common action.

The initiative of single states is not enough. The initiative in defense is almost as dangerous as the initiative of aggression. Indeed, the two are practically indistinguishable in fact. Hence, all overt acts are declared forbidden and the preparations for them are declared to be equally a menace. So far, all states are agreed, but the question is whether the prohibition should be accompanied by an enforcement to which all states would be morally bound to contribute. Those states which live most under the threat of war, to whom war is most real, naturally are most anxious that the police power shall be effective. This means continental Europe. Those states which have "by geographical position or peculiar circumstances" less to fear and who are, therefore, less conscious of their security from the very fact that they enjoy more of it than the continental states are naturally less ready to cooperate in the enforcement of peace, fearing that they may be involved in new entanglements and dangers which they might otherwise escape. This point of view, most familiar in the British and the American press, has seemed in the past to the continental powers as blocking the only possible methods of suppressing war, and is responsible for much of the charge of hypocrisy in Anglo-Saxon idealism in this field. Obviously the argument does not all lie with either side and a compromise had to be found. The result is Article 11, of the protocol which leaves to the different governments the freedom to determine what, if any, shall be their contribution towards specific violations of peace. It definitely recognizes the fact that the obligation is to be measured not only by the common danger but by the special interests of the various states. The obligation is universal but the application is individual. This is a subtle point already misunderstood in comments in the American press and is likely to be more misunderstood as time goes on.

SO far we have been dealing with the question of compulsory arbitration and the outlawry of war which formed the substance of the declaration of the revised American plan. The problem of disarmament was met by two resolutions in the American plan, neither of which are to be found expressed—though one is implied—in the protocol. But if one reads the minutes of the discussions of the committee one finds that the reason for this is that details for the plans for disarmament were referred to the coming disarmament conference.

The first American suggestion was that there should be a recurring periodic conference devoted to the problem of disarmament, meeting at least once every three years. This proposal met with objections upon the part of members of the secretariat who claimed that it was adding an unnecessary additional body to the already complicated structure of the league. They insisted that the committees of the Assembly would be able to carry on the continuing disarmament program and that the secretariat itself would be able to handle the routine. Some opposition also was encountered upon the part of those who were afraid that the recurring conference would open the door to floods of oratory and achieve very little. While these arguments are not without their strength, the fact remains that the problem of disarmament is so complicated, and in view of the progress of inventions is so constantly changing, that any agency able to deal with so large a subject must be more carefully adjusted to its task than a miscellaneous assembly could ever be. However, this part of the proposition is not in the Geneva protocol and will be a matter for discussion for the disarmament conference.

The other American proposal with reference to disarmament was for an international committee of investigation concerning the state of armaments. This has been partly embodied in Article 7 of the protocol, which states that "should the council be of opinion that a complaint requires investigation, it shall if it deems expedient arrange for inquiries and investigations in one or more of the countries concerned." The investigations called for in the protocol are somewhat different from those intended in the American plan, for in the protocol they simply supply evidence in a case of aggression. There is nothing said about a permanent organization, and in fact in the committee discussion this was deprecated by at least one of the Great Powers. On the other hand, the Conference on Disarmament may easily insert in its agenda the creation of "an International Staff for Peace" of the kind indicated in the American plan. This suggestion has met with very favorable reception upon the part of competent military authorities and is not at all beyond the limits of possibility. In the opinion of the American committee it is one of the most important of its proposals tending to prevent war rather than to conquer back peace after war has broken out.

FINALLY, the American plan frankly recognizes the existence of separate defensive treaties between two or more states but only on condition that each of those treaties contain in it a clause of compulsory arbitration with the presumptive enemy. This completely changes the question which so divided opinion in Geneva in the past. Treaties of alliance of this character have no misunderstanding quality. By their very nature they simply enhance the pacific agencies of the league. They mean no more than that certain definite dangers are specifically met by mutual insurance policies, all of them within the general provision outlawing war. They are distinctly peace pacts henceforth.

In addition to this, it is declared that they are open to any other states, members of the league, to join them. Consequently, the closed, secret, aggressive treaty is to be a thing of the past.

Whatever reservations Americans may have concerning this or that element in the Protocol of Geneva, it is incumbent upon us in all humility to make our criticisms constructive and helpful, not carping nor hostile. How much more than this is incumbent upon us, let our own consciences decide.

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Blind Alleys

By ETHEL KAWIN

"TELL, Sam, what kind of work would you like to do?"

Everytime that I put that question to a fourteen or fifteen-year-old boy or girl, I felt—deep within myself—like an utter idiot! If the eyes that I was looking into across my desk were earnest and serious, I knew that what that young person really wanted to do was something for which he ought to have years more of schooling, probably college; if they were ardent and eager, there was little prospect that the jobs available for him or her would satisfy any of the keen anticipation that they expressed; if the eyes before me were dull and lifeless, the chances were that the kind of work he did was a matter of relative indifference to their owner.

And inevitably my mind would travel quickly to friends and acquaintances of my own generation, most of them still seeking to find themselves, floundering quite helplessly in this bewildering world of vocations—businesses, arts, professions, jobs. Those who had had the advantage of a college education were, on the whole, little better off than those who hadn't, because no attempt at self-analysis, job-analysis and vocational guidance had been included in their college training. On up the scale my mind would travel to all the middle-aged misfits I knew, still trying to find their own particular aptitudes, and fit themselves into work where they "belonged." And all the time I would be looking into Sam's or Mary's eyes, whether they were earnest or eager or dull, and thinking how absurd it was of me to expect that child to be able to answer my question honestly and intelligently.

But it was my job as a vocational counselor to ask him —and I always did. . . . I had entered the field of vocational guidance as a worker almost as soon as interests along this line crystallized sufficiently to form an organized movement. The first National Conference of Vocational Guidance was held in 1910, and I began work as a vocational counselor only two years later. The pioneers in the movement approached both industry and education, for the most part, in a spirit of true research. Knowledge of facts was their immediate objective. What were the facts about industry? What were the facts about education? Were the two related? Could they be related? The vocational movement represented a revolt against the old education of classical tradition which many people had come to feel was a thing aloof from and unrelated to life. There was a growing conviction among many that, when all is said and done, the child must be prepared to earn his living in the world of reality, the world of industry *as it is*. One can escape spiritually from the drab routine of a monotonous existence into a more colorful world through art, through the theatre, through books, through play and recreation. Such excursions into happier lands may afford a great relief from the dull grind of existence in a world which is not as we would have it be. But the great majority of human beings must face the daily necessity of earning a living. Therefore it seemed a logical conclusion that the schools should train children for industry, and that skill in some occupation which yields a livelihood should be one of the fundamental objectives of education.

OUR first investigations of industry pointed definitely to one inescapable conviction. Industry as it existed offered nothing of value to boy and girl workers under sixteen years of age. The old apprenticeship systems were practically extinct. Very few boys and girls under sixteen were given any opportunity to learn a trade. They were usually employed at "blind-alley" occupations that in themselves had no educational value, and, for the most part, led to nothing. As early as 1913, Professor George H. Mead of the University of Chicago, who took an active interest in the work of the Chicago Vocational Bureau, pointed out in a convention address the fact that "the children are worth much more than the occupations to which we dedicate very many of them." He urged the necessity of regarding and judging our whole process of child-training from the standpoint of the vocations into which we unconsciously drive the children.

As vocational surveys of industry became more intensive and extensive, the deeper grew this realization that the "children are worth much more than the occupations." Convinced that the children must not be sacrificed, the pioneers of the vocational movement threw out a new challenge—"Shall the child be made fit for industry or shall industry be made fit for the child?"

With this, it seems to me, the vocational movement almost at its very beginning, struck the crux of the fundamental problem in the industrial world today. "Shall the child be made fit for industry or shall industry be made fit for the child," translated into adult terms, is in reality the challenge of the progressive labor movements. Applied to the working "masses" in this era of machine production, it is "Are the machines to be the masters of the workers or are the workers to be masters of the machines?"

It could not take any honest vocational worker long to know that industry was not fit for the child of fourteen or fifteen, and that, moreover, such a child did not belong there. Therefore, instead of trying—even were it possible —to make industry fit for him, efforts were concentrated on keeping the boys and girls under sixteen years of age in school whenever possible, and in securing legislation that would make it compulsory for them to stay there. But, of course, there were thousands of them whom we could not keep in school with all our efforts. For them we did the best we could with what industry offered. Consideration was given to their school-records, their interests, aptitudes, deficiencies. Usually there was a personal conference with one of the parents as well as the child himself. These boys and girls were placed in the most promising positions that could be secured for them. Vocational counselors

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maintained contact with them after they were working, to help insure the best possible progress for them. They were urged to continue their education in whatever ways they could, and were frequently helped to better jobs.

It was in this personal contact with child after child that one came to know the steady, deadly disillusionment that comes to these young people in their contact with the world of industry as it is today. The best among them leave school with high hopes and great ambitions. They look forward to a career as a great adventure. And then one sees them—day by day, month by month, year by year—lose their eager zest for work, and settle down grimly to the grey routine of a work-a-day world that has little in common with the rosy-hued land of promise they thought they had glimpsed ahead. Most of the boys had to content themselves with work as errand-boys for their first jobs. Sometimes they were a bit more "lucky" and could secure an office position. Some of these had a "future"; others did not. There were occasional chances to learn good trades, such as printing, electrical work, "cutting" in a tailoring establishment and others. The girls might get office jobs, become cash girls and messenger girls in department stores, or learn millinery, dressmaking or some other trade. But for most of the younger ones choice lay between one unskilled factory job or another.

I SHALL never forget my own first contacts with factories. It was a hot July day, and I had come on as a new worker, fresh from college. I was given a list of some half-dozen factories where I was to investigate opportunities of work for young people. The details of these first investigations have never been clear in my mind. I remember only heat and roar and din, huge machines that whirred dizzily, dust and greese, hot, tired, grimy workers whose blood-shot eyes shifted constantly toward the time-clock, counting the minutes until the six o'clock whistle blew. As I emerged from each factory, I conscientiously jotted down all the facts I had been able to gather. Otherwise I would not have trusted my reports from the blurred impression that I carried away with me. I knew only that I was sick at heart! So this was labor! This was the living reality in which one was to find the dignity of toil, the joy of honest work! This was the world of industry into which I was to send the children!

Of course, the acute distress of my first reaction did not last long. In the first place, my industrial investigations soon led me to many better factories, where the conditions of labor were not revolting and where work did not seem an intolerable thing. And also there is the sad truth that in time we become in some degree calloused to the things we see. It is true that my first reactions to the factories that I saw were those of an ardent young idealist quite inexperienced in the world of industry, but its very freshness made it a significant comment on much in the industrial world. If more of us could retain the vigor of those first impressions, perhaps we might be roused to the point of doing something to alter the conditions which produce them. Many years after my first experience, I went through the Ford factory in Detroit with a group of educators. As we came out, a middle-aged teacher from the city of New York, who happened to have been walking next to me, suddenly stood still, drew a deep breath and exclaimed, "My God! Is that the ultimate destiny for which we are educating the children of America!" My sudden spontaneous answer surprised even me. "I've been asking myself that question for twelve years!" said I.

BUT during a great part of that dozen years, this searching challenge was kept quite in the background of my mind. As vocational counselors we were, after all, concentrating on decidedly constructive efforts on behalf of the individuals with whom we dealt. Vocational counselors are able to accomplish for many boys and girls what they cannot achieve without this help. It did certainly mean much to Arthur (a grammar-school graduate with an intellectual cast of mind and tremendous ambition, but no chance of going on to high-school) that we were able to take him out of the hat factory where he was restless and unhappy, and place him instead in a law office where a member of the firm took an interest in him and helped him on to a night-school education. Today Arthur is a practising lawyer. You may well ask, "Is he any better off because of that?" I have often asked myself. But I honestly believe that he probably is. At least he hasn't in his heart the bitter feeling of having been entirely thwarted, of never having had a chance at the thing he wanted most to do.

I know what it meant to Miriam that we were able to release her from the tailor-shop where she was pulling bastings for $3.50 per week. The lameness and the crooked spine that infantile paralysis had left with Miriam would (the doctor told us), have been aggravated to serious disease had she stayed bent over this dull task at that critical adolescent period of her life. Back to school we sent her, long enough to acquire health and strength, the English language, and skill in a well-paid needle-trade of an entirely different sort. There was Gertrude, obliged to leave school for work just two months before graduation from the stenographic course in high-school, because of home factors too complex to be set forth in this discussion. A loan of $5.50 tided her over an acute emergency while her father got employment! Two months later, upon graduation, we placed her as a stenographer at a good initial salary.

Thomas's future prospects brightened considerably because, upon discovering his latent talent for mechanical drawing, we took him from telegraph messenger service and put him in a draughtsman's office with a chance to learn the trade. Just at the point where despair might have become desperation, George came to us. He had found that a high-school education availed one little in getting an office position if because of a childhood accident one hobbled on a crutch, dangling an empty trouser leg. We were able to secure for him an artificial limb that bravely deceives the world, and after that we had no trouble in getting him a good job as bookkeeper, for which he had been trained. With a grammar-school education, tiny sixteen-year-old Sam, hunch-back and frail, had never been able to earn money. No one had found anything that he could do. His depressing handicap had given him an inferiority complex. He over-compensated by an arrogance of manner that made it very difficult to help him. One's job as a vocational counselor was to solve this double problem. Weeks of studying Sam's assets and liabilities helped him to face his problem squarely and brought a decision. He was sent to a trade-school where he learned to engrave jewelry and silverware. At the end of one year he began work as a skilled artisan in a trade where his physical disability was

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no insurmountable barrier to success in self-support.

In addition to the many children who constituted such special problems, there were scores of others who were helped to better jobs and occupations than they would have been able to secure for themselves. These frequent happy placements were the achievements that gave one the faith and courage, and therefore the energy and ambition, to carry on one's job through the many disheartening hours when one felt the utter futility of trying to "guide" in the growing chaos of competitive society.

THIS growing chaos seemed to me to challenge us on every side. In many cases we were helping individuals to make a fairly satisfactory adjustment to their industrial environment. But the great majority were unable—even with our help—to make an adjustment that brought them satisfaction, and, of course, there were thousands of boys and girls whom vocational bureaus, with their limited staffs of workers, could not attempt to reach. Every year these poured by the thousands out of the schools into the factories, shops and offices, to make up the army of restless, discontented workers that are the important factor in our "labor problems" of today. As one watched and studied this stream of young humanity, the conviction forced itself upon one that the fault was not primarily theirs. Scientific psychology and psychiatry have made it quite clear that when the majority of common men find it impossible to adjust themselves with reasonable comfort and satisfaction to any system of living, the inadequacy lies in the system, not in the individuals. Either the industrial system into which these young people were being forced was not adapted to their inherent needs and capacities as human beings, or, if a harmonious adjustment was possible, they were not being adequately prepared to make it by the education they received in our schools, or by the vocational guidance that we were able to offer them. For a long time I tried to make myself believe that those for whom vocational guidance was available could "find themselves" satisfactorily somewhere in the work-a-day world. But the Johns and the Roberts and the Jennies and the Marys that we got "good jobs" for and kept in touch with, made it impossible for an honest counselor to fool herself.

There were too many whose experiences were like John's. What John had really wanted to be—at least when he was fourteen—was a priest. But his family needed his earnings, so he renounced that desire, willing to accept as a substitute any "interesting work." He had no second preference, but decided to try a job with a small printing concern that had an opening in which they promised unusual opportunities and a good "future." Month after month they kept him at errand work and odd jobs. Whenever John reminded them of their promises for a "future" in the trade itself or in the office of the concern—they renewed their promises. A year passed, and then two, with "opportunity" always seeming to lie just ahead. By the end of the third year, John was discouraged, his ambition and his zest for work were gone. We couldn't convince him that other jobs might prove different, or persuade him to go to night-school for further education to equip himself for other work. His only answer was "It's too late, my apprenticeship years are gone."

Girls had very similar experiences. Anna was eager to design dresses, and she seemed to be equipped with an unusual knack for that sort of thing. A large and very reliable concern promised to give her an opportunity in their dress-making department "just as soon as there was an opening." Pending that, she took ordinary clerical work on their mail-order department so that she would be an employe of the concern, having merely to be "transferred" when the opening came. The same story of promise after promise which kept her at the office job in the constant hope of the desired opportunity. Again the years of apprenticeship passed—until Anna abandoned hope of learning her chosen trade, gave up her job, and set out to find some other office position (that being the only work in which she had any experience to offer), where there might be a chance to secure some advancement.

It was rather a romantic gleam in Robert that made him want to be a farmer. But again there was the family's need of their boy's earnings, and farming had to be laid away in the vast land of unfulfilled desires. From farming to a job in the postal department of a big city is a far cry, and Robert found the confinement and monotony hard to endure. He manages to survive it by annually deserting his work for the summer months, during which he takes a job as "ice-man."

Sometimes it seemed to me that Harry's answer epitomized the problem that many youngsters were up against. We had been urging him to complete his grammar-school education, and were painting the advantages of education in our most alluring colors—opportunities for better jobs, increased earning power and the usual line of argument. "Hm," said Harry, "my brother graduated, and he's a window washer."

There was obvious separation, even conflict, in the minds of these young workers between their functions as wage-earners and their functions (needs and desires) as normal, living *persons*. There was obvious antagonism between that growth in wealth which today dominates industry and that growth in individuals which we still cling to as our concept of education. And the trouble with the vocational movement, it seemed to me, was that it had failed to face the basic facts of this conflict. The movement for vocational guidance and vocational education was founded on the theory that young people must be trained—*educated*—for industry. The great need of *skilled* workers was argued. They were essential to the success of any people. In those days Germany was cited as the example of a nation whose system of vocational education was the foundation of national efficiency and prosperity. The arguments seemed logical, reasonable and thoroughly convincing. The demand for vocational education in this country grew and grew. And all the time the truth was that for at least a century the invention and introduction of automatic machinery had been steadily destroying the need for skilled workers in one industry after another. Machine production had superseded craftsmanship, and for the vast majority of workers production was becoming more and more automatized. In the face of that, what a dramatic failure of a whole movement to deal with reality! What a contradiction of fact and theory! In our vocational work in the early days we talked a great deal about blind alley jobs, dead-end occupations. Is the phrase one which, without our realizing it, has come to describe the vocational movement itself? Or is there a way out? Some answers to these questions I shall take up in a succeeding article.

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What Has She Done With It?

The Lady and the Dove

By MARTHA BENSLEY BRUÈRE

The Lady tamed the dove—in a cage

I ONCE saw a lady taming a dove. The dove was in a cage. This made it easier for the lady.

EARLY in the year after the signing of the Armistice some seven hundred women got together in Washington thinking to cage the Dove of Peace. They came from the Pacific Coast, the Middle West, the South, the North—even from New England—for a great Victory Dinner. There were no men present but those who spoke, chief of whom was the Secretary of War. He told us that the war had cost, directly and indirectly, the lives of nine million young men and that the human cost of the next would be so much beyond this as to be unthinkable. When he had finished, nothing in the world seemed so real to us as those nine million dead men. We urged then that our country enter the League of Nations so that through an understanding with other peoples that next war could never happen.

That was more than five years ago. We are still out of the League of Nations or any other great association of the Powers, and the Dove of Peace is still at large. No one can say that we have not made love to that dove, flattered it, cajoled it, but there is no certainty that it will come to our whistle, nor stay with us when caught.

IT'S probably good business to begin the taming process with kindness rather than cruelty, especially if kindness is the only means you've got. At the time of the Victory Dinner only a few of us had actually used our votes in a national election. All of us have done it now. And yet we have not even got the establishment of international peace, and our entry into the League of Nations or some other body as a means to it, into the present political campaign as a clear cut issue. It would almost seem that the appropriate moment for soft speech was past.

I mean speech to ourselves. There is no use trying to shift the blame. It is up to us. We are not even letting the light in on what the last war was, for the benefit of those boys who will have to fight the next one if international peace is not established. We are not even objecting to that flagrant attempt to soft pedal the effects of war—the attack on What Price Glory, a play recently opened in New York City. This play is admittedly a work of art. It has also hit the popular taste. The objection to it is not on the ground of sex morality, but because of the language the soldiers and sailors use. They are extremely coarse! They are vulgar! They do not take the moral protestations of the contending parties at all seriously. Like Shakespeare's soldier they are full of strange oaths. They add a new profanity to that which the invading armies of the ages have brought to birth in Flanders.

Now no one can deny that these objections are valid. The Mayor of New York City after receiving complaints from officers of the Navy and the Marine Corps, invited a Major General and a Rear Admiral to sit in judgment on the piece. The Nation says that the martial critics feared that the play would stop recruiting.

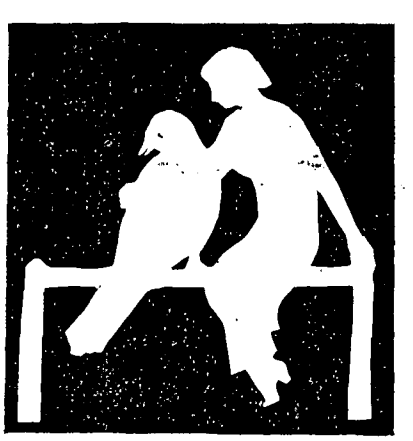
"After seeing the performance" the Rear Admiral is reported to have said, "no mother would allow her son to enter army or marine life."

The Nation therefore suggests the army and navy as appropriate careers for orphans—a practical way to reduce armaments since modern medicine and hygiene can so reduce the maternity death rate as to cut down the number of male orphans almost indefinitely.

But I haven't noticed any important bloc of women voters resenting this attack on What Price Glory? Of course it's a dangerous thing that this play should be allowed to go all over the United States. Dangerous for war I mean—it's grand for the Dove! For when a work of art embodies a great truth, or even a great piece of propaganda, it's far more effective than many speeches or much publicity. Look what Uncle Tom's Cabin did to slavery!

MUSIC may be allowed to be the food of love but it looks to me as though the Dove of Peace might grow fat on a diet of real information—if available. Isn't it up to us women who have votes to stop the deliberate destruction of its food supply?

Certainly it is up to us to discover and eliminate the causes of war. And one of the most certain and most easily controllable is too many people to the square mile—a surplus population that must take somebody else's country away in order to have a place to live.



We made love to the dove

I was talking the other evening with Baroness Ishimoto, a lovely lady who is one of the outstanding figures in modern Japan. It was not possible to escape entirely the question of our Jap-

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Over-population scatters the dove's tail feathers

anese Exclusion Act. I cannot quote her exactly but in effect she said that no nation has a right to expect another nation to make a place for its surplus people. That was a home problem and should be settled at home. Japan knew how many people she could support; let her keep her population within the limits of her own land. There was no need that so many children should be born. The women of Japan have no vote, but they can still speak in public without being molested and they are advocating the teaching of birth control as a peace measure. We in America have the vote but we speak on the subject of birth control under the constant menace of arrest. Why not use our votes as well as our tongues in this matter? The bill to make possible the dissemination of information on birth control is expected to come up before the next session of Congress. It is one of the bars in the cage for the Dove of Peace! It was blocked in committee during the past session. If it is reported out there is a fair chance that it may pass and strangely enough that hangs on the action of the Missouri members of the judiciary committee.

Here then is a definite job for the women of Missouri to see to it that their representatives vote for that bill. At this particular juncture they hold the balance of power. Of course there's no way of voting directly on the question in November—oh no! Even if the Missouri members came up for re-election nothing so specific and simple as how they should vote on particular bills would have a chance of getting into their personal platforms unless an aroused constituency put it there. But it may not be inappropriate to mention that a vote has other uses than merely being inserted in the ballot box. It's a club and an inducement, a threat and a reward. There are plenty of reasons for the passage of that bill besides the menace which a surplus population offers to our permanent association with that Dove but there is no question that the noise of many people has frequently scared it off before. The open season for doves in Missouri is August. That's safely past. Can't this special bar for the Dove's cage be put in safely before then? It's up to you, Missouri—for Heaven's sake put it over!

COMING up in the subway this morning I was confronted with a placard which read:

Vote on November 4, 1924

Nobody was interested in that placard. They sat and looked at each other and read the advertisements for candy and shoes and ways to shampoo your hair and news of the World Series—everything except the placard which told them to vote. They hung on straps and talked to each other about their real interests—about how hard they worked and how rotten business was, and whether the Iron Horse was as good as The Covered Wagon, and whether she really killed him or not, and the new large hats and never glanced at the admonition to vote on November 4. Now, of course, there is every reason why we should vote on November 4 just as an abstract principle. It's good for us. It's like playing the scales or practicing the goose step or repeating the multiplication table—it's the daily dozen of citizenship. But a real issue to vote on would put more emotion into it. Vote on November 4. Certainly—what for?

ONE Sunday morning I came out of a little white church in a town in western New York and seated myself on the broad steps leading down to the village green. An old, old man came and sat down beside me. His hair was thin and white; his beard was long and heavy and white, he stooped upon his cane and he wore a black broadcloth coat of ancestral cut. But his blue eye was bright. He took the skirt of my dress and felt it between his thumb and finger.

"It's a pretty dress, where did you get it?" he asked.

"In New York." I told him.

"So you live in New York! Well, what are you interested in there?"

"Just now I'm interested in how people are going to vote."

"That's good! That's good!" and he patted me on the arm. "If there's one thing I have no use for it's them that don't vote! You can get most anything you take a notion to—so's you keep voting for it long enough! I kep' a-

We've wooed it long enough. Now for cave-man methods!

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voting and avoting for temperance—and here it is! You can vote for a pretty dress or anything else you want. I've lived a long time now and I never seen no good yet in not saying what you're after."

A brisk, red-cheeked young woman came toward us.

"Now Uncle Henry, we're all ready to go," she said.

"You leave me alone, Julia! I'm talking to this lady from New York. You go along. I'm talking to her about voting."

Julia retired to the side lines and Uncle Henry continued.

"If I was the president of the United States I'd make a law about voting. If a man was sick and didn't vote I'd say 'All right, you get another chance.' If a man was travelling and couldn't vote, I'd say to him, 'Well, next time you stay home and do your voting!' But if a man stayed home more than once I'd say to him, 'You can't never vote again. There ain't no laws in the country that's made to protect you, and I don't want to hear you opening your mouth objecting to anything I do!' That's what I'd say if I was the President of the United States."

THE Woman Citizen quotes a Minneapolis woman as asking:

"Wouldn't you rather vote for that little boy than roll Red Cross bandages for him?"

Undoubtedly, but how?

There's just one way—by getting into the political arena the things we want to vote for. Peace or pretty dresses—birth control or the tariff. It can be done but we haven't done it. It is a humiliating fact that although we settled upon the political conventions like a cloud of—well—doves and submitted perfectly good planks for the platforms, and behaved in the most ladylike and unobtrusive manner when they were thrown out, we have let these platforms go before the country with an issue as vital to us as our membership in the League of Nations left out. We're working hard enough now to get out the vote, but we didn't do much to get out the issues. And there's no excuse we can make to ourselves for it. It's a well known fact that whatever the party machine thinks will get votes is put into the platform. There are more women voters than men, but we evidently haven't made the parties understand that we really want to cage that dove.

But if we are not working through our votes to insure peace, the League of Nations of which we are not a member is doing much to give us what we want. Nothing has happened so important to the world since the ending of the Great War as these findings at Geneva. It is not only the council's unanimous approval of the compulsory arbitration protocol to be enforced between the nations, but that wider ideal developed in the closing days of the session, of eventual arbitration of disputes over raw materials, over industrial output, over immigration, national expansion and racial aspirations—that is, of all the fundamental causes of war!

As we would like it to be

And we are not in on this great international dove-catching drive!

It is to be remembered, of course, that our Secretary of State, our Secretary of the Treasury, and an important American Commission have been in Europe recently wrestling with the problems of the adjustment of international difficulties. More secret diplomacy! More dodging of the duty of creating and keeping an informed electorate! But the point is that though our cabinet ministers and our commissions have been conferring in Europe on the problems which are the greatest of realities to us, the United States is still seated in veiled unconsciousness this side of the Atlantic and we women, voters though we are, are not having anything to say as to whether she shall join the party or not! For the question is not being put up to us and we are not insisting that it shall be!

THAT Dove of Peace as we women want it to be is fat, placid, trained to come at a call, brooding incessantly—and preferably caged.

That caging is important because many things besides mere over-population scare it. The wonderful plans made in Geneva are not yet completely formulated—much less put into execution. But a caged dove is helpless against the wildest alarms.

We've wooed it long enough. Now for cave man methods! And when it's caged, though the soldiers of the world may encamp about it, it can do no more than squawk!

In the midst of war's alarms the caged dove can only squawk

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EDITORIALS

"AMERICANS, because they are intensely practical, understand the social importance of heart disease. With their keen understanding of financial matters they see in man a machine with a working capacity and with a nicely calculated return in dollars," said an eminent Italian clinician, Professor Giovanni Galli of Pavia, addressing the Lombard Society of the Medical and Biological Sciences at Milan last spring. It is pleasant to read Professor Galli's extended tribute to the performance and promise of the group of American doctors who have shown heart disease to be a problem in public health and organized the warfare against it.

But why limit our interest to the dollars and cents? That is not the power behind the devotion, the learning, and the hard work which have made possible the achievements and plans which this issue chronicles. We shall send a copy of it to Professor Galli, and we shall mark Dr. Emerson's words: "We seek a new freedom, the so-called modern public health . . . . We measure our success by the release of free and joyous lives and we grapple with this chain of misery where it binds hardest."

WAR is as old as civilization and our civilization is based very largely on war. The structure of the state, all the sanctions that have grown into law, have come largely out of the war process. Until the second day of October 1924, war was as legitimate for any state as any other of its activities. It was—so far as international usage went—right. Except where states had bound themselves by mutual treaty, any war that any one of them chose to wage was legally right, because no other power could question its sovereignty.

So it was a revolutionary thing that happened on the second of October in Geneva. To say baldly that on that day the Assembly of the League of Nations adopted a protocol for the pacific settlement of international disputes quite fails to convey the thrill of excitement and hope that ran through the statesmen and commoners who shared or watched the event. Mrs. Parker gives us the feel of it in her eyewitness story on p. 141. Professor Shotwell, whose leadership in the effort to devise a way of outlawing wars of aggression is well known to Survey readers, probes into the text of the protocol and traces its significance on page 145.

What is our part? America is not asked to sign the protocol. That should be clearly understood. For those signatories, members of the League, which ratify it, war between them becomes illegal. For the United States, Turkey and Russia—and, for a few months longer, for Germany—war remains legal. We will be asked to join in a conference on disarmament. No one expects that we shall take so radical a step as Denmark, for instance, which has already proposed, without waiting for world agreement or the guarantee of security, to scrap its army. The members of the League will come to that conference next year with clean consciences: they have already pledged each other not to go to war. We are not asked to do that. The issue is simply this: shall we meet the nations of the world as they met us at Washington—to discuss frankly the possibilities of relief from a common burden? Or shall we hold aloof?

WILL this fall's elections leave us free to make such a choice and to make it on the right side? The Geneva proposal for a conference was drawn too late to become a partisan issue in this fall's campaign in the United States. The choice is open. The affirmative course can be taken with dignity by the new administration, whichever it may be, provided there is sufficient muster of public opinion within and without party lines.

It is not incompatible with the position of those who share with Coolidge his belief that America is strong enough to go it alone, and that as a free agent we can help the world to its feet—as strikingly exemplified by the part played by Hughes, Young and Dawes in cutting the reparations tangle. The nations bordering on the Pacific responded to our call to a disarmament conference, and we can with grace sit in at a conference called by 55 nations of the world; can bring an open mind to arrangements for composing disputes kindred to the Washington pact.

The affirmative course is not incompatible with the position of those who believe with LaFollette that leagues and such like are vain things so long as they are between states which can declare war without going to the people. The arrangements proposed would at least delay hostilities, and to that extent give public opinion a chance to act; and the progressives have hailed the leadership of MacDonald and Herriot, the men most responsible for the agreement at Geneva, as putting a new face on Europe and opening the way for getting at the economic and imperialist causes for war.

The affirmative course would not only be not incompatible with the constructive foreign policy which distinguishes Davis from his rivals, but in line with it; in line with that new frontage on international relations which dates back to the time when Woodrow Wilson voiced the aspirations of the common people of the world and when he, however succeeding developments may have muddied it, laid the

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threshold for a House of Mankind. The world, if not his fellow countrymen, has shown itself disposed to cross that threshold and enter in.

BY the quick shift at Westminister, the two great English speaking peoples go to the polls within a week of each other. The British campaign is pressed in less than a month: the American engrosses half a year. In Great Britain, a division in Parliament throws an issue over to the electorate for decision. With us, though the situation is modified this year, there is no such sharpening of choice and party behavior looms larger than platforms in the pre-election debate. These contrasts are marked enough but are altogether incidental to the drama which the student of social history finds in the swift developments in Great Britain. Let us have a look at it against the background of Europe.

We know that with the break-up of feudalism, came the rise of great states under the monarchies. We know that with the French Revolution and the Napoleonic Wars, the middle classes came into power. They upset autocracy but they did not breed a litter of petty bourgeois states. Liberalism shook the political structure, control settled into lower and broader reaches of society, but nationalism and parliamentary government went forward together. And we know that with the World War tendencies which the vast extension of the suffrage made inevitable have come to a head. With this further turn of the spiral, we watch the emergence of the wage earners as a power in the state. Not all at once; not in any two nations by identical methods; not without the backwash of old forces; but fundamentally there is going on all over Europe a settling of control to still lower and broader reaches of society.

What we are witnessing in England is the consecration of this new twentieth century force in British life to the principle of political democracy as wrought out in the nineteenth century—to the method of government by "persuasion, discussion and consent."

FOR nine months England has been under a labor government, backed by what was no more than a parliamentary minority, but behind that in turn has been banked a following stronger in numbers than the Bolshevik group in Russia or the counter-revolutionary Fascists in Italy. True, their make-up and the situation confronting them is different. None the less the outstanding contrast of the day is not between our slow-moving election machinery and the swifter British machinery, but between the course pursued in London as against that pursued in Petrograd or Rome. Followers of the Red Flag in Russia, the black-shirted companies of the Italian cities, took the short cut. British labor has not so rejected democracy. To use strong-arm methods to gain power and have their way, is to its intellectual leaders a throw-back to the dark ages. They project a new economic program, grounded on the needs and aspirations of producers and wage earners rather than on those of property owners and profit-makers, but they hold unflinchingly to the political method of self-government as the great contribution to human affairs made by the genius of their race. They purpose to build upon and through its structure. Their spirited commitment to constitutional democracy, to liberty and majority rule is of world-wide significance. And they have made their choice with a full knowledge of the pains, the setbacks, the hazards which the choice entails. That is what is luminous in the willingness of the British Labor Party to take the gage of an adverse vote and go the country with the odds against them.

Such a course and such a choice were not unanticipated by Ramsay MacDonald and his associates. Iconclast interpreted their stand in the period before they took office in these words:

> The only majority that is to be of any avail is a converted majority, not a merely acquiescent one; a majority ready to support fundamental change, not merely a majority that is ready to try a change of Government.

MacDonald put it himself more colorfully back in 1923:

> The truly great constitutionalist will put the public in possession of his ideals and his principles of action—in the case of Labor these are comprehended in Socialism, the community organized to secure good life for all—and, at the same time, he will make it clear that a journey has to be undertaken to reach his goal. The pace may be slow or it may be fast, the journey may be a steady progress or an Israelitish wandering hither and thither, long resting in camps, diversions, squabblings, Golden Calves—but it cannot be taken on a broomstick or on a magic carpet. The road has to be trodden.

IN nine months MacDonald has done more to solidify the ground work of peace than his predecessors had done in six years. Conservatives and Liberals may have much to answer for at the bar of history for dislodging this master-salvager. His foreign policy may, to be sure, like a best seller or a play that sweeps the crowds to a theater, result in what in this country we would call a landslide. He and his associates may have counted on that. Yet in the opinion of political observers, there is scarcely a chance of his immediate return to power. With France, England and the lesser states agreed on the Geneva protocol and the disarmament conference just ahead, we can well imagine the temptation to hold onto the job—to make compromises at home which would have freed him to help shape the recovery of a war-racked continent. With such tremendous human values at stake the domestic issue on which the cabinet fell, however trivial it may seem at first glance against the European panorama, must have reached down to something basic in the labor movement. This on examination proves to be the case.

The dissolution of Parliament hinged on a prosecution brought under the Incitement to Mutiny Act of 1797, against John Ross Campbell of the Workers Weekly. The general opinion is that the case was inspired by permanent under-officials, and that it was made possible by the negligence of the attorney general, Sir Patrick Hastings. At all events the prosecution was dropped by the latter and the charge was brought that he was called off by his colleagues. Certain it is that Labor opinion throughout the country was a unit in repudiating it. The Conservatives

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offered a vote of censure, the Liberals called for a Parliamentary inquiry in a resolution which Labor regarded as tantamount to an even more severe vote of censure and on this last the minority government was defeated and went to the country. The manifesto issued by the Communist newspaper included the following:

> Soldiers, sailors, airmen, flesh of our flesh and bone of our bone, the Communist Party calls upon you to begin the task of not only organizing passive resistance when war is declared, or when an industrial dispute involves you, but to definitely and categorically let it be known that neither in the class war nor a military war will you turn your guns on your fellow-workers, but instead will line up with your fellow-workers in an attack upon the exploiters and capitalists and will use your arms on the side of your own class.
>
> Form committees in every barracks, aerodrome and ship. Let this be the nucleus of an organization that will prepare the whole of the soldiers, sailors and airmen not merely to refuse to go to war, or to refuse to shoot strikers during industrial conflicts, but will make it possible for the workers, peasants and soldiers, sailors and airmen to go forward in a common attack upon the capitalists and smash capitalism forever and institute the reign of the whole working class.

The tinder in such an incident is not hard to find, nor the implications that can set flint and steel to it in the course of a campaign. The legal mind is aroused to see it as tampering with the courts. If governments are to short-circuit prosecutions brought against favored groups, British justice is traduced. With an empire on their hands, and Europe in unrest, any such boring at the allegiance of the army strikes close home to the British public. Whatho, are not the pillars of both law and order being sapped and undermined? On the other hand, the misuse of military forces in strikes lies near to one of the most active areas of protest in the mind of the organized worker. There is a long and bitter history behind this feeling. To advocate insurrection is a different thing from advocating passive resistance; but to agitate, also, is a different thing from engaging in overt acts; and British tolerance has ruggedly distinguished between the two. The left wing of British labor would not be alone in resenting any lapse of the majority come to office, in guarding those rights of agitation which labor asserted when it was the underdog. The fact that the defendant singled out was a veteran of the world war, who won a D. S. O. and lost a leg for his country, makes for mixed feelings in other quarters. The New Statesman lays the blame for an election that "no one wants" on the Premier's own attitude and statements, yet says tersely: "The spectacle of a twentieth century labor government pursuing a prosecution under an eighteenth century mutiny act would have been incongruous beyond reasonable toleration."

THESE implications and feelings aside, let us see what bearing the incident has on the general front of the Labor Party. The Communists renounce political democracy. Within the last month, the British Labor Party has again, as last year, refused to affiliate with the Communists. The Communists see government as the exercise of force —by the other fellow. They aim at taking his big stick away from him and using it themselves. And they are not without precedent. They can cite the Ulster uprising before the World War, when the military and men in high place were involved. At that time there were responsible liberals who believed that ancient strongholds of reaction, close pressed in Parliament, were trying out the ground before resorting to force if need be to hold their own in England itself. And today, if we are to credit newspaper reports, the Communist groups in England have been matched by the spread of counter organizations fired by the Fascist adventure in Italy. The two groups are inconsequential numerically.

With this strong arm policy in either camp, the Labour Party breaks. The issue is not of its choosing: it is raised and taken up by elements pitted against each other across its course, as across that of the older parties it must lock horns with in the political arena. Yet it is a challenge distinctly leveled at the new working class formation which offers at once an economic answer to the social unrest which is alternative to that of the older parties, and a political method alternative to revolution as the way to arrive at that answer. The Labor Party has met squarely this challenge to its faith in freedom of speech and discussion; its belief in persuasion and consent as the rock-bottom tenets of democracy. MacDonald put the issue with humor in 1921. He had a fight on his hands, then as now; and under his humor lay the same vigor with which to his left he had assailed the Marxian doctrine that you "must destroy in order to reconstruct," and, to his right, had sought to shatter the static conception of capitalist society. To quote him:

> The Communist is a politician in crinolines and corkscrew curls. The common people in history have been working through violence into politics, and now that they have got there I am in too great a hurry to go back. I know that ancient times had their attractions—the Spartacus Revolt, Wat Tyler, John Ball, Oliver Cromwell. . . . The disfranchised revolted during the past two centuries in order that their offspring might not have to revolt any more but govern. I, being a modern creature, believe in government rather than revolution or dictatorships. . . .

Americans, whatever their economic creed, can appreciate that there is something fine in the adherence by the rank and file of British labor to the political faith they inherit from a line of free-necked men which reaches back through liberalism to the nobles who wrested their Magna Carta from King John. They adhere to it when to do so is no longer an academic matter; but a matter of life and death for the first labor government.

ON November 14, at the Hotel Astor, in New York, friends of Mrs. Florence Kelley are planning to hold an anniversary dinner in honor of her twenty-five years of leadership of the National Consumers' League. Mrs. Kelley is of the generation of women who with the breaking down of the walls of the colleges entered into a "new freedom" for their sex. She was not content with exploring this new intellectual realm. She was conscious that the great body of women of her time were being inducted not into a new intellectual life but into a new industrial life. And the odds were against them. Hence her life work; and its significance in relation to the great tidal

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forces operating in these decades. A wide response to the plan of holding this dinner has already been received; 150 persons have accepted membership on a general committee. The toastmistress will be Julia C. Lathrop.

ONE of the greatest movements to unite governments for a humanitarian purpose since the campaign against the slave traders comes to a focus in November at the opium conferences, called by the League of Nations. Their end is harder to accomplish than was that of the devoted men and women who a century ago were determined that white men should not make profits out of the sale of the bodies of black men. They aimed at prohibition, complete suppression of the trade. The trade in opium and cocaine, however, cannot be prohibited; it can only be regulated. For medical and scientific purposes, their use must be continued, so means must be devised to secure a sufficient supply for the uses of these drugs and at the same time to cut off the supply which feeds their many abuses. As out of a total estimated world production of opium of approximately 3,500 tons in 1922, only 350 tons are estimated to be necessary for medical and scientific purposes, the great extent of abuse is evident.

The nations of the world have realized since 1919 that they must deal as a unit with opium and cocaine. A treaty is already in effect by which they undertake to limit the traffic in opium and the manufacture and trade in morphine, heroin and cocaine. The figures which I have just cited show the Convention has not been effective. It was a long first step, but the time has come to take a second step on the same path. The November conferences are a practical evidence that there is need for an advance. The United States took a leading part in the movement for the call of the conferences, and its delegation which met with the Committee on Opium of the League of Nations urged the limitation of the production of and traffic in opium to the amount necessary for medical and scientific purposes. The Assembly, on the recommendation of the committee, requested the calling of the conferences "as a means of giving effect to the principles submitted by the representatives of the United States of America, and to the policy which the League . . . has adopted."

Two conferences will be held; the first dealing with opium smoking in the Orient; the second with all habit-forming drugs. The first includes representatives of governments directly interested in the traffic in smoking opium and its mission is to agree on means "for the giving effective application" to the provisions of the existing treaty which pledge a gradual reduction, and ultimate stopping, of all international traffic in opium for the purposes of smoking. The increase in poppy growing in China to produce smoking opium is intimately related to the problem of international control, so that this conference will also study the situation in China. Opium smoking cannot be stopped abruptly. The habit is too deeply rooted in the life of masses of oriental peoples, and the traffic is too closely interwoven in the financial and economic fabric of the governments to make possible immediate prohibition. What is desired, and anticipated, is an agreement to bring about complete suppression within a definite period of years.

A harder problem faces the second, or general conference, in which an official American delegation will participate. Its task is to prepare an agreement limiting the amounts of morphine, heroin or cocaine to be manufactured for medical and scientific requirements, and restricting the production of raw opium and coca leaves "for export, to the amount required for such medicinal and scientific purposes."

A PREPARATORY committee, on which the United States was represented, has been unable to agree on a program for the control of opium production and export to be laid before the conference. Five separate plans were suggested by individual members of this committee, and ultimately referred, following failure to reach a compromise, to an advisory committee. At its last session the advisory committee, aided by a representative of the United States "in an advisory capacity," and Mrs. Hamilton Wright of Washington as an assessor, succeeded in drafting a single plan to be submitted as a basis for the deliberations of the conference. But owing to the opposition of several members of the committee, more especially the representative of France, the committee was obliged to include a discussion of the original French plan on the agenda.

The proposal of the advisory committee assumes that the annual needs of each state for narcotic drugs can be stated within a reasonable margin and provides for a limitation of imports to each state to this figure. The project provides a central board to watch over the distribution and to keep the governments informed as to one another's imports, so that exporting countries can carry out their agreement to stop shipments to countries whose reasonable requirements are met and to revise if need be the estimates of a country which clearly are too high, so as to make it probable that the opium imported is not going to be used for improper purposes.

To prevent the possibility of its being advantageous to stay out of the International Union, the control board is to be directed to fix the legitimate requirements of non-members, and member states agree to keep their shipments to non-members within the limit so fixed: Trade among member states is to be subject to the system of export and import licenses which has been devised by the Opium Commission, so that no one can trade internationally in narcotics without a license, both from the government of a country into which the drugs are to be brought and from the government of the country of export. Thus full publicity of the trade is assured by reports to the central body and the responsibility of the governments of importing and exporting countries is fixed.

The alternative scheme, to be submitted by the French representative, is not as far-reaching as the advisory committee plan. It does away with the control board, on the ground that it is impractical, and provides for an elaborate "indirect" control, based on a system of international police and customs regulation. It is to be hoped that the plan of the advisory committee, which is supported by a majority of the states, will be adopted by the conference as a minimum of international control.

The third situation in the opium problem, the local use of opium in countries (*Continued on page* 166)

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Letters & Life

In which books, plays and people are discussed

Edited by LEON WHIPPLE

THE professor of Romance Languages complains because he is herded through life by small bits of paper. He declares that this is not the Steel Age, or even the Radio Age, but the Paper Age. "I get a transfer on the trolley, a check for my hat, a certificate with my cigar, a punched ticket for my lunch, a receipt for my registered manuscript, a check for my salary, a diploma for my education, a clipped coupon for my income, a license for my wife, and somebody gets a burial permit for me when I die. I celebrate by throwing paper confetti and I mourn by writing an epitaph. Everything is a printed paper symbol." In a sense he is right; from the halved hieroglyph of the Chinese laundry to the Treaty of Versailles, our lives are in paper fetters. We expect St. Peter to be an impatient gentleman at a turnstile crying wearily "Tickets, please," who will shove us through with a torn-off stub in our hand, reading: "Elysian Field—Bleachers—Q 13."

There is a feeling we are a print-driven race so perhaps it would be a good thing for this department to begin by asking questions. What is the exact thing we hope books can do for society? Do we put our faith in books too much—or too little? Shall our slogan be "Fewer books and better," or does Democracy demand (only a while, we hope) "More books and worse." In short, do we read not wisely, but too well?

In our own social field, for example, is the best way to solve a problem *always* to write a book. It is very easy to write a book too soon. The very book crystallizes the matter as a "problem," or sets a point of view. Then, it may take a lot of other books to change the false orientation. Take—glands! Self-control here would surely have been the better part of valor. Is it kind to set old folks limping after the will-o-the-wisp that first danced over the swamps outside Eden? Do the publishers who jumped to satisfy this terrible desire to dull the edge of the scythe feel quite satisfied with their achievements? Saints forbid the race should not have its fairy-stories. That Black Oxen led the best sellers for steady months is not serious, just human. But putting the fairy-tale into tomes with convincing titles (like Rejuvenescence)—that surely is not very wise. Such books were written too soon. There should be humility in writing a book. You always run the risk of giving immortality to your personal notions. Sometimes a better way to solve a problem is in the philosophy of a Southern fisherman. He "jest set an' watched the grass grow."

Books in society—the words ring pretty solemnly to one who has written some millions of ephemeral words. Books are so wonderful . . . and books are so pitiful. They can do so much, and so little. The three kinds—those of knowledge, those of creation, those of recreation—are great genii, and yet, sometimes, they can say, or do, so little about the simplest things—kissing, say. . . . Yet, we need not doubt the service of the printed word. The one thing social and medical science can claim as their joint accomplishment is the adding of some years to the average human life. And that God-like gift was granted largely through the printed word. Poster and leaflet, tract and treatise—they carried the message. "Sunshine, fresh air, good food, sound sleep," what would public health do if forbidden to print those seven words?

Again, books assure us of keeping what we have won. Once, they say, the burning of the Alexandrian library set the race back several centuries; mayhap, lost thoughts we shall never think again since we never can recapture the art of being an early Greek. No such chasm can crack under us again. What wisdom we have is garnered up to today; the libraries are full of many copies of all our books. Then you destroyed the books and crippled man. Now, you could destroy man, yet if the books were saved, the re-ascending monkeys, or colonizing Martians, could rebuild our civilization in every item—if they wanted to. . . .

Books endure. They perpetuate man's wisdom as well as his folly. They do guide us, and today they seem almost the waiting trumpet to gather the races for some divine crusade. But, they are not sacrosanct. We are not bibliolatrous. We shall ask three simple questions of books and plays that seem serious:

Have you anything to say?
Did you say it?
Will anybody listen?

℞—A Little Knowledge

"HM-M-M," said the doctor, non-commitally. "Well, we shall see. We shall see." With bright professional smile he sped the parting patient.

But that, in enlightened medical circles, was a long time ago. Omniscience has gone out of style in the medical as in other professions. No longer is one's ailment, or lack of it, a mighty secret to be locked in the breast of the physician alone, and drawn forth only in mysterious edicts which the patient must follow blindly. Ignorance and fear are not attitudes ordinarily conducive to cure, and with the widening horizons of the mental hygiene movement, the attitude of the patient has come to be another of those essentials which the physician must observe, and, at need, treat. And for most minds no treatment is better than an understanding of the problem to be faced.

To this realization by the medical profession itself of the need for popular education and information is to be attributed the flood of health books written by doctors for laymen. To the books must be added a score or more of popular magazines sponsored by one medical group or another, with Hygeia as official spokesman for the profession; the occasional articles in general magazines, the daily or less frequent health columns in the newspapers, the pamphlets and educational propaganda which is so important a

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part of the work of health organizations, the radio talks sponsored by health departments. All these face a common problem: How to provide sound information and advice at a cost and in a form effective for the average of us?

Naturally there are many answers. Three volumes published recently in the field which is the central theme of this issue—heart disease—indicate three of them.

In bright red covers, and only a little less in bulk and in cost than the ordinary novel are the first two, written by physicians for lay readers, Your Heart and How to Take Care of It, by Robert H. Babcock, and How Is Your Heart? by S. Calvin Smith, M. D. The very fact of the appearance of two such books in a field which has been hedged about with a special degree of fear, superstition, and hoplessness, often on the part of doctor as well as patient, is important. That both of them can stress preventive measures for those who have not contracted heart disease, and careful optimism, for those who have, is a reassuring gage of medical progress in the field, and justification, were justification needed, of the policy of laying the facts before any of the public interested enough to profit.

To the reviewer it seems that any of the public thus interested probably would be interested enough to push ahead through a book without having their noses tickled on page after page by the half-apologetic humor and the lavish use of marginal notes and italics which Dr. Smith and his typographers have employed to josh the careless reader into a sense of his responsibility. Probably, however, time and the publisher can decide whether or not there is a sufficiently large group of readers who can be cajoled into reading material on a serious subject to warrant this type of treatment. It is, however, characteristic of much of the reading matter prepared by physicians for the uninitiated. Dr. Babcock gives an especially clear and readable account of the normal functioning of the circulatory system and the actual effect of infections and poisonings, and lays down general rules regarding symptoms, occupation, diet, and exercise. Either volume contains much information and sound, reassuring advice.

In much briefer compass and a modest brown fabrikoid binding (on which, unfortunately the title is almost illegible) comes the little volume prepared by the chairman of the executive committee of the American Heart Association for the series edited by the National Health Council. Taking Care of Your Heart, by T. Stuart Hart, M. D., as might be expected, carries an important emphasis on the public health aspect of heart disease. In accord with the general excellence of the series, it is short, straightforward, and simple, assuming sensibly that its readers are busy and ordinarily intelligent human beings who have been sufficiently interested in the subject for the sake of themselves, their families, or their communities to seek the advice of an expert.

The twenty volumes of this National Health Series cover all of the seven ages of man and many of the pitfalls which threaten his progress through them. Their length, averaging about seventy small pages, is midway between the sketchy magazine treatment and the regular book size of a popular treatise or a text book for special students. They are intended to enable interested members of the common or garden variety of family, or persons working in their behalf, to cope with the overwhelming stream of bonafide educational material, propaganda, advertisement and what not relating to private and public health. The combination of brevity, simplicity, cheapness, and an authoritativeness sponsored by the authorship of experts and editorship of the group of great national health organizations, gives them a position of great interest as an experiment in public health education. It is hoped that the busy public will buy them in drug stores or book stores and carry them about as pocket reading.

Pay your money and take your choice.

YOUR HEART AND HOW TO TAKE CARE OF IT, *by Robert H. Babcock, M. D. D. Appleton & Co. 235 pp. Price $1.50 postpaid of The Survey.*
HOW IS YOUR HEART, *by Calvin Smith, M. D. Boni and Liveright. 208 pp. Price $1.75 postpaid of The Survey.*
TAKING CARE OF YOUR HEART, *by T. Stuart Hart, M. D. Funk and Wagnalls. 70 pp. Price 30c. postpaid of The Survey.*

Books à la Cart

THE dictionary says that a library is "a collection of books, pamphlets, etc., kept for reading and consultation." This defines the old, conventional idea of a library; but not the modern business library. That is a much more alert and active affair.

For example, if a visitor steps into one sunny corner of the Dennison plant at Framingham, Mass., he will find shelves well filled with books and magazines, and files crowded with pamphlets, which on first glance might seem to answer this definition fairly well. But before long the 'phone would ring, or callers drop in, with such questions as these:

"What are the Seven Seas and when and why were they so called?"

"What is the color tone in the land of the midnight sun?"

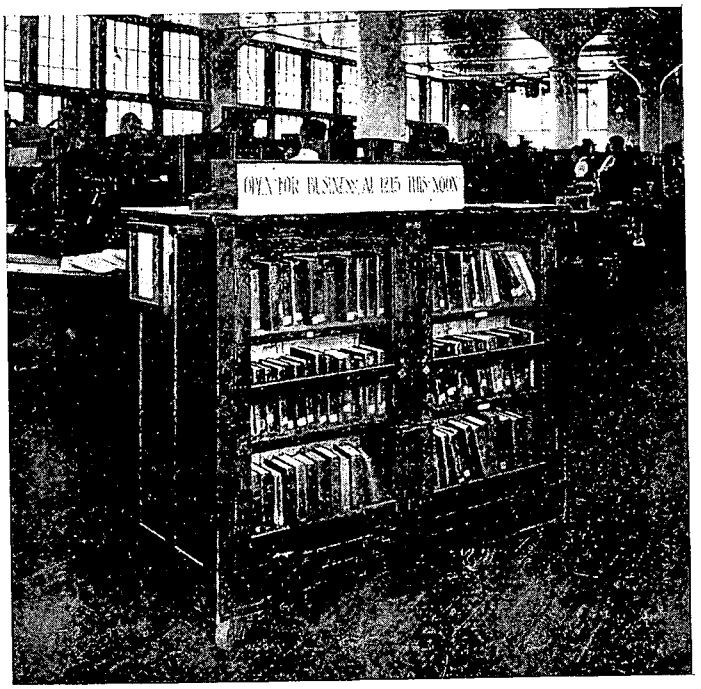
"In engraving wedding cake boxes, should the name of the bride or the groom come first?"

"What are three leading hotels in Pittsburgh?"

"When is the Confederate Memorial Day?"

"What is the correct title of the musicians' union?"

These questions and others like them which pour in daily show that the Dennison library, at least, has an important



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function not mentioned in the definition, namely, that of a dispenser of miscellaneous information.

It has other functions, all of which are rather outside of the definition. One of these is recreation. This is possibly not the most useful feature of a business library; but it is a valuable and important one. Books of fiction are the staple; but travel, biography, history, and popular science are to some extent included. To stimulate more serious reading through the interest shown in recreational reading is one of the most interesting of the librarian.

The company has a Suggestion Department. Someone suggested that the recreational books be put in traveling bookcases, which would circulate in every part of the factory. This suggestion may fairly claim to have anticipated Christopher Morley's Parnassus on Wheels. However this may be, both the Dennison man and Morley's hero had the same idea, namely, that the best way to make a library "circulate" is to put it on wheels.

So two commodious and attractive bookcases, each holding about 300 volumes, are mounted on wheels. They are scheduled through each department of the factory. A notice posted the day before announces their coming. A reading notice on the end of each bookcase calls attention to books of special note. At the noon hour the cases are unlocked and the readers have their library right at hand.

Drop into the factory on the visiting day of the library. You may find it beside some grim and mighty tag machine, or amidst towering piles of billowy crepe paper, or between long rows of sealing wax molds, or among the benches where cutters have been dieing out the gummed labels, or in familiar company with the printing presses, or with the desks and typewriters of the office. In any case it seems thoroughly at home, and readers are swarming around it like bees around a honeycomb. Books are sampled, discussed, and drawn. Then the bookcase rolls on to the next department, where the notice of the advance agent has preceded it. The entire factory is thus covered every three weeks. Books are brought almost to the desk or bench of every Dennison worker. He cannot escape seeing them. Seeing awakens interest, and interest, active participation. The plan has been popular from the first; 3,200 books were drawn the first year, 6,000 the second, and the interest does not flag.

A bookcase on wheels is the best possible "circulating medium" for a library, at least in a factory. The Dennison Manufacturing Company has demonstrated this by nearly four years of successful trial. The complaints have only supplied further proof of its success. More books, more time to examine and read them, and more frequent visits are the calls which come to the managers of the Dennison Parnassus on Wheels. D. M. C.

A Novel by a Negro

WALTER F. WHITE'S The Fire in the Flint is such a serious effort by a Negro to write about Negroes that it deserves to face three questions: Did he have anything to say? Did he say it? Will anybody read it?

Did he have anything to say? He did. He had the tortuous clash of races, black on white. He had his own life as a Negro. He had stores of bitter truths learned as an investigator of race riots and lynchings. He knows what he is talking about. And to give power to all this

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he had the baffled emotional urge that only a Negro of culture can know in this white Nordic world. The fable for his revelations is almost too simple: an educated Negro surgeon comes back to his own little Georgia town to give his life to his profession among his fellow Negroes. Hooligan whites ravish his sister, and a younger brother who shoots a couple of them, is blood-hounded to a barn where he puts a bullet in his brain rather than surrender to lynching. The surgeon is lynched on a silly pretext, but really because he and his sweetheart are working to overthrow the Negro tenant peonage system. This sounds bloody and stark, and omits the lighter parts, but then what happens to Negroes is bloody and stark.

Did he say it? He did not. As a novel, we can praise and damn with the word "workman-like." We shall not damn it further with the apology that it is a good first novel, or a "good novel for a Negro." It is an ordinary novel; the plot a fortuitous contrivance, the characters self-conscious and talkative (save an old white judge), the style a mosaic of conventional phrases. It was learned in white schools and has no native Negro possession unless it be the underlying sense of dumb fury. What we would expect in the great Negro novel we don't know. But we cherish the hope when it comes it will have something of the Blake-like lyric symbolism of the spirituals, something of that impudence of gayety with which the race bluffs an iron cosmos.

The novel is a poor vehicle for this sort of propaganda. To make art of these matters takes almost genius—though it can be done as you'll find if you'll trouble to search out Harris Merton Lyon's little set of Graphics and read the bleak story of the Texas lynching bee. You have to deal with too strong meat; you can't be realistic enough to convince without becoming clinical. The agonizing details are cheapened by their veil of fiction. They demand the sombre garments of truth. Mr. White himself can tell these tragedies with noble horror—the real catharsis—as he has done in his reports for the National Association for the Advancement of Colored People. I shall remember a few sentences of his about the slitting of a pregnant Negress with a corn-knife as long as I live. But I shall forget his novel.

Will anybody read it? I hope so. Its truth is worth publishing. The sense of terror may surpass its medium. Negroes may read it—but then they know it already. Northern whites may gasp, but they cannot do much. And Southern whites won't read it, or if they do, laugh at some of its identifiable exaggeration, and curse it, as by the thesis of the book, they must. It isn't a good enough novel to penetrate as literature; and as Mr. White hasn't Upton Sinclair's uncanny flair for the sensational approach, he can't win a hearing as a propagandist. However, it will penetrate some places, and by that much is helpful.

It is easily possible to make two mistakes about this book. One is to agree with a lot of critics that it is a wonderful thing for a Negro to write this book because *he knows*. Suppose he does, when did a victim write a good denunciation of his oppressor? He must be an exhibit, not an apologist. The apologists are aliens. Uncle Tom's Cabin was written by a white lady Northerner who got her local color all wrong. The author of The Doll's House was a stolid Norwegian cynic. Upton Sinclair worked up the Jungle in a slaughter-house—as a transient. However just the cause and flaming the passion, you can't help feeling that a victim writes from his grouch. He is bound to see things lop-sided—what makes him write makes him lop-

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sided. We had this sense of grouch in Laurence Stallings's Plumes—a much better book we meant to review, too. The grouch may be supremely righteous (certainly none could be more so than a Negro's claim for justice and humanity), but the fact remains that a personal grouch is not a cosmic law, and a novel based thereon never as moving as the cold-blooded detachment of a curious spectator.

The second mistake is that we unconsciously agree with the author's thesis—that the Negro wants a chance to become as much like the white man as possible. All such books are paradoxes. They must paint the whites as largely mean and brutal, yet they set up a claim that the whites' privileges (including meanness and brutality) be extended to the Negro. Reading such books I can conceive of the consuming hatred a Negro must feel against being a Negro, but I would think he would have a much more consuming hatred against being a white.

Mr. White drops two hints of a practical sort. One, perhaps not new, that the Negro's economic situation may be relieved by farmers' co-operatives conducted by and for him; and the other, that the mumbo-jumbo of the Ku Klux Klan no longer frightens him, but makes him laugh.

THE FIRE IN THE FLINT, *by Walter F. White. Alfred A. Knopf. 300 pp. Price $2.50 postpaid of The Survey.*

Have You a Minick?

TIRED of both letters and life we went to the theater. We saw Minick—an Edna Ferber story made into reportorial comedy with George S. Kaufman's help. It will interest social workers for three things. First, it deals with a problem in domestic relations—what shall we do with our old folks who get on our nerves? The answer appears to be let old Mr. Minick go to a nice clubby old man's home so his son and the son's wife can go to the cabaret. This is unsentimental, but the curtain seems to believe it is a happy ending. Yet, after all, we have been preaching the gospel of "keeping the family together" and it seems a trifle drastic, not to say anti-social, to exile father just because he keeps messing up their card-indexes and bridge parties. There is a side-light on the happiness of the inmates of the Home—maybe "institutionalism" is better than real homes if you can play pinochle ad lib. and close your door when you don't want to talk.

Second, we get a hint of the housing-problem. The stage set reveals the nerve-wearing constriction of a five-room apartment at 5218 South Park Avenue, Chicago. Yes, the reporting is that close. You see the living-room, but you also realize the net cubic contents by a glimpse into the kitchen, foyer, and recognize the rush of the morning bath. Everybody is in everybody else's way. The young Minick's can't even have a baby until Father Minick gets out. The relation between apartments and birth control is neatly side-swiped by this play that always remains a pleasant and amusing story.

Lastly, there is a devastating satire on a woman's club meeting. Every social worker should see that brilliant "bit" where Mrs. Crackenwald (Mary Hubbard) reads her paper on how to bring parents and children closer together. The lines, the wording, the intonation—we've all met them in real life. Even the black-rimmed spectacles are not caricature, and there is something of Swift and Voltaire in the lament that since "the school has failed in this, and the church has failed, we are forced to try the home. We must try to make every home a club, etc., etc." All this

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SHOULD LITERATURE BE CENSORED?

JOHN S. SUMNER (*Affirmative*)
Secretary, New York Society for the Suppression of Vice,
versus
ERNEST BOYD (*Negative*)
Noted International Author and Critic
Chairman CLIFFORD SMYTH
Editor International Book Review

SUBJECT

Resolved, That limitations upon the contents of books and magazines as defined in proposed legislation would be detrimental to the advancement of American literature.

SATURDAY, November 8, 8:30 P. M.

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We had a very amusing evening at the Booth—and we went home exceedingly irritated. Not at the satire. Salt is antiseptic even on your own wounds. Not at the acting which was in that ill-used phrase, "entirely adequate." Indeed, we don't know why we were irritated at this shrewdly observed, clean, charming, not o'er ambitious play. It was far more sincere than The Potters and less theatrical than The Show-Off. Perhaps the best we have ever seen of this type—and the type can be cataloged as the reportorial bourgeois comedy of conflicting generations. There was no frantic novelty; it's old, old as the grasshopper voiced elders on the walls of Troy—Lear denatured of melodrama. There is no villain, no false martyrdoms. These authors are keenly aware that "life's like that." Everybody is trying to do the right thing, only different things and different rights. The play doesn't even worry about a plot, but has the continental dignity of some characters in a situation.

As far as we know, we were furious because anything so true ought to be truer. And its main untruth we think was because producers demand that this sort of play have a pattern of humor and pathos—streak of lean, streak of fat. It doesn't depend for "getting across" on twin beds, but twin reflexes—chuckle and choke. Certainly, the chuckle and the choke are in real life, but not quite so often, so regularly, so patly, and so identifiably. Their rhythm is here made monotonous and untrue. Life is never "chuckle-choke, chuckle-choke." It is more likely "chuckle-chuckle-chuckle- CHOKE!— chuckle-choke, chuckchokle." The playhouse artifice is so obvious that it kills the reality of the theme. Maybe they wouldn't come to see the social satire unless it is baited with the purgative sob and the restorative laugh, but we venture a prophecy. Someday a cynical recorder and a mad producer are going to put on one of these very American plays just as real as life, with only the chuckles and chokes that God permits—and they'll "turn 'em away" for months.

Books in the Air

BOOKS in the running brooks have been rare, but the wild waves will soon be full of them. Our colleague, the Literary Editor of Sears-Roebuck, delivers this ultimatum:

On the first Wednesday evening in November will be inaugurated a news and book review service from the Sears-Roebuck Station, WLS. Twenty to thirty minutes once a week will be given over to news notes of books, authors and publishers, sprinkled through with brief reviews of current books and perhaps a talk by an author or the reading of some poetry by its creator. This is believed to be the first systematic book service attempted for radio listeners in America.

The books will become current at 345 meter wave-lengths. With the aid of static in a fine frenzy rolling, Vachel Lindsey, or the Vorticists, ought to have the welkin crying for mercy. One idea of heaven would be to know the exact minute at which a visiting English novelist-lecturer was going to do his stuff, from WLS—and then tune in on WNYC for Mayor Hylan's bed-time story.

A Fall Book Section will be published with The Survey Midmonhtly for November 15, 1924.

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SAVING HEARTS IN YOUR TOWN

(*Continued from page* 140)

means complete removal of the tonsils. Nothing short of this will do.

Teeth, when infected, are another source of danger. Visiting nurses can do a great deal by instructing parents to watch for defects and to urge their removal after medical advice has been given. Young people must be taught the dangers of venereal disease. Rheumatic fever and syphilis are the two great sources of heart disease in the youth of our nation. Syphilis often cripples the heart and causes death in middle life. Greater protection against infectious diseases has already begun to show excellent results. The work which is being done now will be a great protection against heart disease in the next decade. They can also urge the ever-important periodic physical examination.

What Will It Cost?

MOST of the data on the important aspect of cost in so new a movement is to be drawn from New York City, where longer and wider experience has given greater opportunities for observation and study than elsewhere. A survey of heart patients in ten general hospitals, and in convalescent homes, dispensaries, etc., indicates that the basic minimum cost of adequate care for persons with heart disease (it is commonly accepted that 2 per cent of the population will be found to suffer from heart disease) is at least fifty cents per year for each member of the whole community. This estimate does not take into account the losses in industry from intermittent, part-time, or what has been called "half-hearted" work which such handicapped persons may accomplish, or the cost of relief for persons of families of the indigent or dependent group, where the often prolonged course of chronic disability bulks large in the experience of relief agencies.

In the New York study it was found that 10 per cent of the beds of general hospitals were occupied day in and out by heart patients. The cost of hospital care for the acute stage of heart disease is at least $70 per patient on each admission, and for convalescent or chronic care, not in general hospitals, each patient costs from $150 to $650 according to the length of stay permitted. Not less than six, and probably at least twelve beds are needed for the convalescent care of heart patients per 100,000 of population; for that same 100,000 of population there is needed at least 300 hours a week of heart clinic service.

In the years studied (1920, 1921 and 1922), patients with heart disease cost the city of New York $607,280.88 for hospital bed care, and $159,704 for convalescent home care. This cost, of course, includes only the comparatively small number of persons who reach institutions, and measures only the cost of the medical care. It is instructive to realize that the considerably more than half a million dollars was spent to care for some 4,500 patients in hospitals; while the cost of supervising nearly 6,000 ambulatory heart patients in clinics was thought to have been approximately $23,500, or less than one twenty-fifth of the hospital cost. What more convincing argument could be presented of the economy which can be effected when disorders of the heart are prevented, or at worst diagnosed and treated in their incipient stages!

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Behind, of course, the immediate need of trained diagnostic facilities and medical supervision of persons unable to pay for private care—the immediate objectives in a community campaign,—there lies the more extended network of country homes for convalescent or preventive care, the vocational guidance of children and adults who must cope with a temporary or permanent disability of the heart, and the long-range campaign for education and research. The movement against heart disease is not a mere medical fad which will soon die out, but an effort which must be forwarded by the medical profession and laymen alike if disability and mortality are to be reduced. That they can be reduced is without doubt if many work to that end, and if those with special skill or financial means lend their aid. It will take persistence and money, but when the public once realizes the nature and extent of the need, neither will be lacking.

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Nov. 26, 8:30 p. m. Johan Smertenko "Current Drama"

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EDITORIALS

(*Continued from page 157*)

where it is grown, India, Persia, or Turkey, for example, is not affected by the measures suggested by the advisory committee except that a statement of the amount consumed in each country must be annually made to the central board. This undoubtedly distinguishes between producing and non-producing countries. Non-producing countries are not to be allowed to procure opium for other uses than medical or scientific, but producing countries may permit smoking and eating of home-grown opium. As the opium poppy may be grown in nearly every country, any people who wants to smoke or eat opium or chew coca leaves may do so if its moral sentiment will permit it "to grow its own."

While the plan does not go as far in limiting production of the poppy and coca plant as many hoped, it is a great advance on the existing convention. If the producing countries fail to prevent smuggling of the supplies kept for home use under the plan, then it will be evident that a further step must be taken and the amount of opium or coca leaves grown be limited to the amount necessary for medical and scientific needs.

LAST Spring the Railroad Brotherhoods made a determined effort to secure the enactment by Congress of the Howell-Barkley railroad labor bill designed to abolish the Labor Board created by the Esch-Cummins Transportation Act. They failed. At that time, negotiations between the Brotherhood of Locomotive Engineers, the Brotherhood of Locomotive Firemen and Enginemen, and the Western Association of Railway Managers had reached a deadlock. Thereupon the Railroad Labor Board, finding that "a dispute exists which is likely to substantially interrupt commerce," notified the executives of the two brotherhoods and of the association to appear before the board for a hearing of the dispute. The brotherhood executives contended that while group negotiations had been discontinued, conferences between them and the executives of individual roads had been resumed, that the situation did not threaten the interruption of commerce, that the board was therefore without jurisdiction, and that they would not appear before it is requested. The board warned them that unless they modified their attitude, they would be subpoenaed. They held their ground. As a result, on September 29, Federal Judge James H. Wilkerson, (who became prominent during the strike of the railroad shop crafts in 1922) on motion of the Railroad Labor Board, subpoenaed David B. Robertson, president of the Brotherhood of Locomotive Firemen and Enginemen to answer within twenty days and show cause why he should not be ordered to testify before the board. The action is being prosecuted by a United States Attorney and a special assistant to the Attorney General. Counsel for the brotherhoods contends that the facts as stated by the board are erroneous; that in calling the hearing in the first instance, the board interrupted negotiations, and that the requested enforcement of the empowering clause of the Transportation Act is "in violation of the Constitution."

(*Continued on page 169*)

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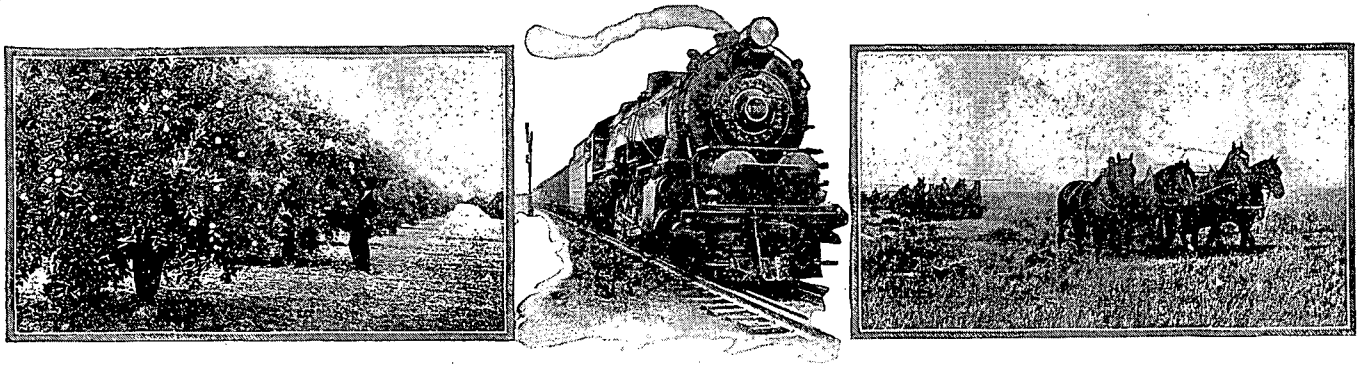
The Health Carriers



OUR youngsters laugh when we tell them that old Mother Hubbard went to her cupboard and found it bare. For them the jingle is only a bit of humor, and they are quite sure the old dame promptly went to market and then—food aplenty.

But to folks of many lands, the bare cupboard is a nightmare bringing up instantly the specter of famine. India, with three times our population, has had nineteen famines in the last century and a half. In China, during 1876-79, more than eleven millions died from famine. In both countries there was food enough for every one but no way to carry it fast enough to the neighborhoods where it was scarce. India had less than 30,000 miles of railroad and the only railroad China had at that time was destroyed during the famine's first year.

If we are immune to famine, it is largely because we have 375,000 miles of thoroughly efficient railroads. As long as their growth is encouraged and they are allowed to function freely, food scarcities will be relieved before they become acute. But our railroads have sometimes been hampered and in October of 1921 they were threatened with a complete stoppage.

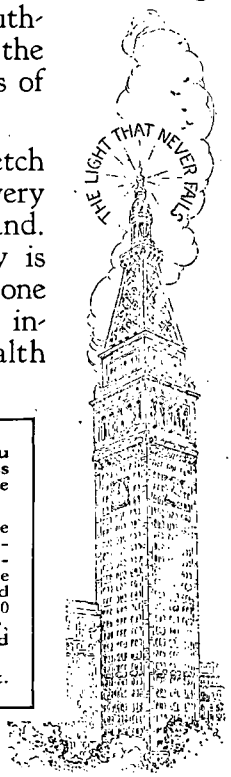
At that time, the authorities of the district of New York with eight million people to care for, were at their wit's end. The flour would be exhausted in a month; the fresh meat in a week. The fresh milk so essential for babies and invalids would be gone in a day and storage was out of the question.

The whole country was alarmed. The farmer saw himself rich in grain, but poor in flour; robbed of his markets, and cut off from supplies, with his car and motor-truck powerless; his children sick, and medicines unobtainable.

But the crisis passed, the motor-truck chugged over the hills, the grain went to the mill, shipments of flour and meal rolled into town and village, ice-cooled cars of meat and fruits sped across the continent, the good old milk train continued to deliver the morning milk. And the sturdy lad who sees the morning sun gild the Statue of Liberty, the vigorous youngster who watches its parting rays streaming in through the Golden Gate—and all the rest of us—continue to enjoy the *balanced ration essential to health;* fresh meats, fresh vegetables, fresh fruits, fresh eggs, fresh milk.

So, when at night, we hear the panting of the ponderous freight train, heavy with health-giving products of farm and field, let us breathe a prayer of thanks that we live where brains, money, vision, brawn, pluck, and grit have made New York and San Francisco neighbors and have set the orange groves of the Southern states beside the vast wheat fields of Canada.

Our railroads fetch and carry from every corner of the land. Their efficiency is personal to every one of us. They are indispensable health carriers.



With only 6% of the people of the world, we have 50% of the railroads and the most effective railroad service that has ever been known.

The freight rates of Canada and the United States are the lowest in the world, and the railroads pay more than $1,000,000 a day in taxes.

Our Government tells our railroads how much they may earn, how much they may charge us for their service, how much they should pay their men. It supervises their bookkeeping and it knows where every dollar comes from and where it goes.

The railroads carry us from town to town and do it well, but they make their living in a service that is even more important, the carrying of freight. For every passenger coach, they have forty freight cars. And their great achievement is not even the tremendous number of freight cars—2,500,000—but the ice-cooled cars, almost unknown in other lands, which carry our perishable foods thousands of miles and deliver them in perfect condition. So, whether you travel or stay at home, the railroads are serving you every minute of the day.

The railroad question, for the Metropolitan Life Insurance Company, is more than a matter of politics and economics. It includes the most vital question of all—health and longevity, not only for the 21,000,000 policyholders of the Metropolitan, but for every man, woman, and child in the United States and Canada.

HALEY FISKE, President.

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* Deceased.

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AMERICAN PEACE SOCIETY—Founded 1828, labors for an international peace of justice. Its official organ is the Advocate of Peace, $2.00 a year. Arthur Deerin Call, secretary and editor, 612-614 Colorado Building, Washington, D. C.

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Commissions: Church and Social Service, Rev. W. M. Tippy, Sec'y; International Justice and Goodwill: Rev. S. L. Gulick, Sec'y; Church and Race Relations: Dr. G. E. Haynes, Sec'y.

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INTERNATIONAL COMMITTEE OF YOUNG MEN'S CHRISTIAN ASSOCIATIONS—First appointed 1854, located New York City 1866, incorporated 1883. Headquarters office, 347 Madison Avenue, New York City, N. Y. Tel., Vanderbilt 1200. Branch offices, Chicago, Atlanta, Denver. Chairman, James M. Speers; treasurer, B. H. Fancher; general secretary, John R. Mott. The Committee maintains a staff of executive and traveling secretaries for service in the interests of the Young Men's Christian Associations at home and abroad.

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NATIONAL CONGRESS OF MOTHERS AND PARENT-TEACHER ASSOCIATIONS—Executive office: Mrs. A. H. Reeve, president, Chestnut Hill, Philadelphia, Pa.; national headquarters: Mrs. Arthur C. Watkins, executive secretary, 1201 Sixteenth Street, N.W., Washington, D. C. An organization interested in the promotion of child welfare, adequate legislation for women and children, closer relation between home and school.

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THE SURVEY'S DIRECTORY

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WORKERS' EDUCATION BUREAU OF AMERICA—Spencer Miller, Jr., sec'y; 476 West 24th St. A clearing-house for Workers' Education.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912, of SURVEY GRAPHIC, published monthly at New York, N. Y., for October 1, 1924.

State of New York, } ss.
County of New York, }

Before me, a Commissioner of Deeds, in and for the State and county aforesaid, personally appeared Arthur Kellogg, who, having been duly sworn, according to law, deposes and says that he is the business manager of SURVEY GRAPHIC, and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication, for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are: Publisher, Survey Associates, Inc., 112 East 19 Street, New York City; Editor, Paul U. Kellogg, 112 East 19 Street, New York City; Managing Editor, Geddes Smith, 112 East 19 Street, New York City; Business Managers, Arthur Kellogg, John D. Kenderdine, 112 East 19 Street, New York City.

2. That the owner is: (If the publication is owned by an individual his name and address, or if owned by more than one individual the name and address of each, should be given below; if the publication is owned by a corporation the name of the corporation and the names and addresses of the stockholders owning or holding one per cent or more of the total amount of stock should be given.) Survey Associates, Inc., 112 East 19 Street, New York City, a non-commercial corporation under the laws of the State of New York with over 1,600 members. It has no stocks or bonds. President, Robert W. deForest, 30 Broad Street, New York, N. Y.; Vice-Presidents, Julian W. Mack, P. O. Box 102, City Hall Station, New York, N. Y.; V. Everit Macy "Chilmark," Scarborough-on-Hudson, N. Y.; Secretary, Ann R. Brenner, 112 East 19 Street, New York, N. Y.; Treasurer, Arthur Kellogg, 112 East 19 Street, New York, N. Y.

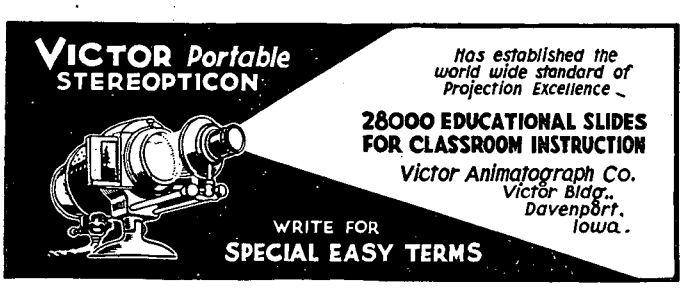
3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear under the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

[Signed] ARTHUR KELLOGG,
Business Manager.

Sworn to and subscribed before me this 18th day of September 1924.

[Seal] MARTHA HOHMANN,
Commissioner of Deeds, City of New York.
New York County Clerk's No. 148.
New York County Register's No. 26032.
My Commission Expires May 20, 1926.



EDITORIALS

(*Continued from page* 166)

From the point of view of the brotherhoods, the question at issue lies deeper than appears on the surface. They construe the action of the board as tantamount to compulsory arbitration to which they are passionately opposed. In an earlier case involving several railroad executives, the Supreme Court upheld the jurisdiction of the board to compel appearance, although its decisions are not enforceable. Whatever the outcome of the present litigation, it seems certain to reenforce the determination of the brotherhoods and the allied shop crafts to have the board abolished. Their experience with the board had much to do with the launching of the third party movement in the current presidential campaign. Whatever the merits of their position, it is certain to make the Transportation Act and the Railroad Labor Board leading subjects of debate at the next session of Congress.

To the layman, the hearing before Judge Wilkerson will have its greatest significance in relation to the larger issues of public policy.

IN his article on Herrin, in the October Survey Graphic, McAlister Coleman said that the labor unions, churches, schools, Rotary clubs and other social organizations must all accept their share of the responsibility for the "isolation, physical and mental, that dwarfs the growth" of all sections of society in that Illinois district. Writing of the churches he told of the revivalistic type of religion that seems to flourish there. "A Babbitt-like touch is given to these grotesqueries by announcements in the local papers to the effect that 'Tonight there will be the peppiest pep meeting of the whole pepful series when the Rev. Will Clem will deliver his inspiring address to young men and women entitled, How Andy Gump Lost His Chin. A jazzerino talk, boys, by a he-man.'"

Coincidently with the publishing of Mr. Coleman's article comes one from the pen of the Rev. James J. Coale in the *Christian Century* of October 2 under the caption, "Are Herrin's Churches Guilty?" Mr. Coale makes no bones in calling the churches to account for their lack of social vision. He points to the fact that sixty per cent of the population of Marion, the county seat, are church members.

Here is a challenge to the easy-going assumption that a church-going community is ipso facto a law-abiding community. . . . The answer to that in Williamson County is that it is not so. The church people have neither discovered their social obligations nor discharged them.

Mr. Coale goes on to describe, on the other hand, the practices which have consumed the energies of the religious forces of the county. At his hands Williamson County becomes a glaring example of the untoward consequences of that competitive denominationalism in small towns and rural districts which was dissected by Fred Eastman in his critique of home mission finance in the Survey Graphic for June.

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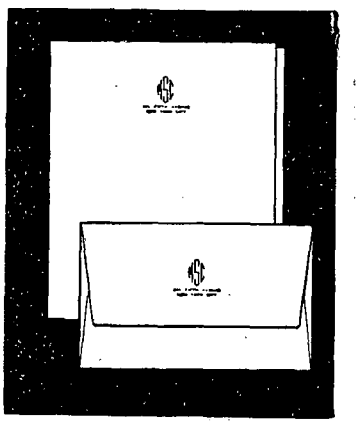
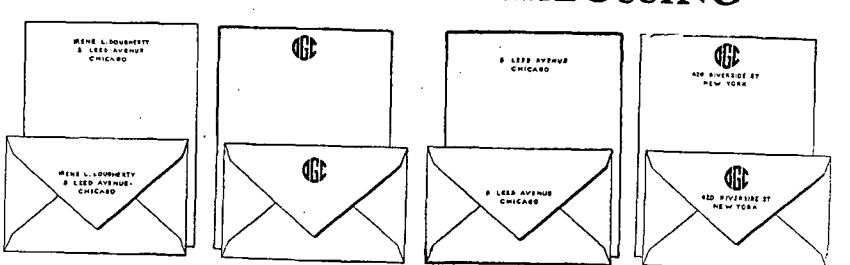


ACTUAL SIZE OF MONOGRAM

MSC

FOUR STYLES OF EMBOSSING



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Books on the HEART

SOME books for laymen are reviewed on page 158 of this issue. They may be ordered of the Survey Book Department for delivery by return mail by using the order form at the bottom of this page (vote in the last square!) The books:

Your Heart and How to Take Care of It, by Robert H. Babcock, M.D. D. Appleton & Co. 235 pp. Price $1.50 postpaid of The Survey.

How Is Your Heart, by Calvin Smith, M.D. Boni and Liveright. 208 pp. Price $1.75 postpaid of The Survey.

The Causes of Heart Failure, by William H. Robey, M.D. Harvard University Press. Price $1 postpaid of The Survey.

Taking Care of Your Heart, by T. Stuart Hart, Funk and Wagnalls. 70 pp. Price 30c. postpaid of The Survey.

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